

AMERICAN MEDICAL TIMES

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Original Lectures.

A CLINICAL LECTURE ON ANÆMIA,
DELIVERED AT THE LONG ISLAND COLLEGE HOSPITAL,

BY
AUSTIN FLINT, M.D.,

PROFESSOR OF THEORY AND PRACTICE OF MEDICINE.

GENTLEMEN:—I shall avail myself of the opportunity offered by the absence of any particular cases claiming extended consideration to-day, to make some remarks on a pathological condition which is brought to our notice constantly in connexion with the cases presenting at our clinic, and which I have been able hitherto to consider only in an incidental manner. The condition to which I refer is that known as *anæmia*.

As introductory to the subject, I will call your attention to a case which we have recently admitted into the hospital. The patient is a female, aged twenty-three. Her occupation is that of a domestic, and she has been much confined within doors. She states that she has been in ill health for eighteen months, and that prior to this time she was well. She is unmarried. Eighteen months ago she ceased to menstruate. The menses were not arrested, but they ceased to recur for three months. She can assign no cause for this irregularity. She has never had leucorrhœa. After three months the menses returned, and have recurred regularly since, but have always been scanty. She presents a notably anæmic appearance. The face is pale, and the prolabia bloodless. The appetite is tolerable, and the bowels regular. She is depressed in spirits. She has suffered much from palpitation, and has fancied that she had disease of the heart, and that she is in danger of sudden death. On physical examination the heart is found not enlarged. A systolic soft murmur is heard over the pulmonary artery, and a feeble murmur (systolic) is also heard at the apex. A pretty loud arterial murmur is heard over the carotid, and a loud venous hum. There are no symptoms referable to the lungs.

These are the general points in this case. I do not care to go into needless details. The case may serve as a type of the condition of which I propose to speak more fully than I have been able to do before.

The patient is affected with *anæmia*. What is the pathological condition designated by this term? Derivatively the term signifies a deficiency of blood. But this does not express accurately the condition. I believe that there may be a deficient quantity of blood. It has been denied by some who think that whenever, from hæmorrhage, or any other cause, the mass is lessened, liquids are quickly absorbed sufficiently to make up the deficiency, and, therefore, that the quantity is never so much reduced as to constitute properly a morbid condition. As a general statement this is probably true, but it may be justly doubted whether it invariably holds good. That reduction in quantity of the mass of blood, however, is not the essential condition in *anæmia*, must be admitted. The essential condition is deficiency of the red corpuscles of the blood. Whenever these are reduced below the limit of health, *anæmia* exists, whether the blood, as a whole, be diminished or not! The condition is thus the opposite of plethora, the red corpuscles in the latter condition exceeding in quantity the healthy limit.

When I say that the essential condition in *anæmia* is a diminution of the red corpuscles below the limit of health, I would not be understood to mean that this is always the primary morbid change. Other important changes in the blood, with which we are at present unacquainted, may precede it. The source of the blood corpuscles is not yet satisfactorily ascertained. We know not where or how they are manufactured. When physiologists shall have

pushed their researches further in this direction, we shall perhaps find that deficiency of the red corpuscles always stands in a relation of dependence on some antecedent blood change or changes. It is correct to say that, in the existing state of our knowledge, *anæmia* may be defined to be a paucity of blood corpuscles.

Physiological chemistry teaches us that the red corpuscles consist of several organic ingredients, prominent among which is the hæmatin or coloring matter of the blood, and that they are present in the proportion of from 120 to 130 in 1000 parts. Pathologists have ascertained that in cases of disease the red corpuscles may decrease so that they exist in a proportion of only 70, 60, and even 20 in 1000 parts. It is difficult here, as in other instances, to fix the precise bounds of healthy variations. Robin estimates that when the reduction of corpuscles falls as low as 80 in 1000 parts, it must constitute a morbid condition. This, however, is only an opinion, although approximating to the truth.

Directing our attention to the subject in a practical point of view, the question at once arises, How are we to determine the existence of *anæmia*? It is evident that we cannot draw blood from all our patients and make a quantitative analysis in order to ascertain whether they are anæmic or not. This is not necessary. For all practical purposes we can generally judge with sufficient accuracy by certain manifest characters, and by the pathological effects of this condition. The patient's physiognomy is often sufficient, as in the case which has prefaced these remarks. The characteristic appearance I have pointed out to you repeatedly in the patients at our clinic. The color of the face, so far as this is dependent on the hæmatin of the blood, is deficient. The complexion is that of the skin *minus* the hæmatin, and as the complexion varies in different persons, so the anæmic aspect is not always precisely the same. Some persons present a pale white color, in others the skin is brown, in others sallow, and sometimes a faint greenish tint is discoverable, which led the older writers to apply to certain cases of *anæmia* the name of chlorosis. The absence or deficiency of hæmatin is the point which they all have in common. The conjunctiva is notably white and transparent, showing when the complexion is yellow, that it is not so from the presence of bile in the blood. Owing to the transparency of the sclerotic membrane and the conjunctiva, the choroid coat frequently gives to the globe of the eye a dark blue appearance which is quite characteristic. The prolabia offer a good spot for judging of the condition of the blood. This intermediate space between the skin and mucous membrane, loses the vermilion line of health, and in strongly marked cases seems devoid of blood. The mucous membrane of the mouth, nostrils, and eyelids is unnaturally pale. With these appearances you are familiar, and I have had occasion to caution you against a liability to error to which I will again refer. Patients whom I examined privately before my clinical hour arrived, not unfrequently present the characters of *anæmia* strongly marked, but when they come before the class these appearances are much less manifest. The reason is, the excitement incident to offering thus in public, causes the heart to act with unusual force, and the blood is unduly attracted to the face. Allowance is to be made in private practice for the temporary excitement which the visits of the physician or his investigations are likely to occasion.

But we must not rely exclusively on the physiognomy in determining the existence of *anæmia*, or in judging of its degree. In some patients the characters just mentioned are not conspicuously manifest, and the same amount of *anæmia* in different patients gives rise to marked differences in the prominence of the physiognomic characters, owing to differences in the vascularity of the tissues in the natural complexion, etc. This is an important practical point which clinical experience shows to be correct. There are other means of judging, irrespective of an analysis of the blood. These have reference to the pathological effects of the anæmic condition. Clinical observation teaches that *anæmia*

stands in a pathological relation to a series of phenomena which, therefore, when present, constitute evidence of the existence of anemia. These phenomena are important in a diagnostic point of view, and also with reference to therapeutics, for the relation which the anemia sustains, as already intimated, is that of causation.

Before proceeding further I wish to remark that the importance of the anemic condition has been appreciated only within the last few years. It is not yet sufficiently appreciated by many practitioners, especially those who have not been able to emancipate themselves from the doctrine that nearly all diseases are referable to inflammation, and that this is the great pathological element on which our therapeutical resources are to be in most cases concentrated. The recognition by well informed physicians of anemia as an important pathological condition, is one of the most prominent of the characteristics of practical medicine at the present moment. Let me add, Gentlemen, that there are few subjects in practical medicine which it is more important that you should properly understand than this. The number of cases at our clinic in which this condition exists, represents the extent to which it prevails. You will meet with it constantly in your practice. Itself an effect of various causes, it occasions, in its turn, a host of morbid sequences, and it is found in incidental and accidental association with numerous diseases. You cannot disregard or depreciate it without failing to manage successfully a large proportion of the cases which you will be called upon to treat; more than this, without often doing harm instead of good, by means of therapeutical agencies.

Let us now inquire what are the phenomena which we may expect to find associated with anemia, aside from the appearances already alluded to? I must not stop to do much more than to enumerate the more important of them, in order to leave time for devoting some consideration to other branches of the subject. A large number of phenomena are dependent on an abnormal excitation of the nervous system. The healthy action of this system requires that the red corpuscles of the blood shall not fall much below the limit of health; and when greatly diminished, the effect is not as we might *a priori* anticipate, mere inaction or incapacity for action, but a morbid activity or aberration. Neuralgia in various situations is apt to occur; in females that particular form known as the "pain in the side," is exceedingly common. This pain is situated at the lower part of the chest in front on either side, but oftener the left than the right. Cephalalgia is quite common. Hyperesthesia of certain portions of the skin is frequent. When this is limited to the abdomen, and is marked, it simulates the tenderness of peritonitis, and may lead, without due knowledge and care, to an important error in diagnosis. Tenderness by the side of the spinous processes of the vertebrae is generally present, constituting what has been known as spinal irritation. In the majority of cases so called, anemia exists, and the tenderness is more effectually relieved by measures addressed to the anemic condition than by the severe local applications which were formerly in vogue. Palpitation is generally more or less prominent. Of the many patients, especially among females, who come to us with functional disorder of the heart, the majority are anemic. The heart is usually irritable in the anemic state; slight causes render the pulse frequent, so that it is important to bear in mind the injunction of Marshall Hall, not to judge of the habitual frequency of the pulse by a single examination made when we first begin to interrogate a patient, but to wait until the venous system has become tranquil, when it will often be found that, so far from the pulse being accelerated, it may be unnaturally slow. If a patient be subject to hysteria, the anemic state predisposes to the various disorders embraced under that term.

Depression of spirits is a common effect of anemia. Patients are disposed to look on the dark side of things; they lose the buoyancy which they have in health; they are easily affected and agitated. This effect may be greater

or less, in some instances amounting to melancholia. The mental depression frequently takes the direction of anxiety and apprehension on the subject of health. It is not unusual for patients to feel that they are to die soon. They imagine that they are affected with some fatal disease, which is generally either organic disease of the heart or consumption, these being popularly known as serious affections. If organic disease of the heart be imagined, sudden death is apprehended, it being a popular notion that cardiac affections usually destroy suddenly. A sense of inability for physical or mental exertion is another effect referable to the nervous system. There is not so much actual incapacity as there is a feeling of it. The powers of body and mind may be in reality somewhat weakened, but it is the indisposition or rather inaptitude to make any exertions of which the patient most complains, and this to persons of naturally active habits is a source of distress. This sense of inability to exertion is variable; it is felt on some days more than on others, and at certain periods of the same day more than at other periods. It is often to be felt during the process of digestion.

Various phenomena are dependent on the weakness of different organs. Exclusive of the nervous system, which we have just seen to be the seat of a morbid activity, the functions are enfeebled. Digestion is labored, or difficult, and perhaps imperfectly performed. In young girls there is sometimes a craving for unnatural articles, such as slate, chalk, etc. Whether the dirt-eating propensity, peculiar to the Southern negro, be generally associated with anemia, I am unable to say. I may remark here that in the negro we cannot, for obvious reasons, appreciate all the physiognomic characters of anemia; but those pertaining to the eye, the prolabia, and the mucous membrane, are perhaps the more conspicuous for being placed in relief by the blackness of the skin. The bowels are sluggish. Amenorrhoea and a scanty menstrual flow are occasional effects, as in the case to which I have called your attention to-day. The sexual propensity is lessened. Coldness of the extremities is almost invariably present, denoting deficient power of the circulation, or deficiency in those molecular changes which are attended by the production of animal heat.

I might extend this enumeration by including various incidental phenomena. I will mention one which will occasionally present itself, viz. a sense of numbness, sometimes limited to one extremity and sometimes extending over a lateral half of the body. This excites a good deal of alarm, lest it be a precursor of paralysis. That it is not, we may assure our patients positively. I have, however, known facial paralysis to occur in two instances, in which no cause could be assigned, exclusive of anemia. In both these instances the paralysis was temporary.

With regard to these varied phenomena to which the condition of anemia stands in a causative relation, more or less complete, there is this distinctive fact:—Several of them are associated in the same case. It is the grouping together of them which renders them symptomatic of the anemic condition, rather than their significance individually. The present and previous history of a case of anemia of some standing, generally embrace the greater part of the phenomena which I have enumerated. This fact has been abundantly illustrated in the cases which have presented themselves at our clinic. When we have satisfied ourselves that the patient is anemic, and has been so for some time, we can foretell what our examination will disclose; neuralgic pains somewhere, palpitation, cold extremities, mental depression, a sense of incapacity for exertion; may be confidently anticipated. We may venture to inform the patient that these are the symptoms, although this method of inspiring confidence is liable to abuse, and borders on quackery.

There are certain physical signs distinctive of anemia, which pertain to the circulation. These are the inorganic murmurs. Whether a strictly cardiac murmur may be due alone to an abnormal condition of the blood, is a question *sub judice*. By the expression, "strictly cardiac murmur," I

mean a murmur produced either within the cavities of the heart or at the auriculo-ventricular orifices. In the case given at the outset of this lecture, there exists a murmur referable by the rules of localization to the mitral orifice. There is no other evidence of organic disease in this case, and the question arises, may a mitral systolic murmur be inorganic? Generally it is not so; in other words, it denotes organic lesions of some kind; but I am not prepared to say that it may not be functional. I have known a mitral systolic murmur in a case of chorea associated with anæmia, without rheumatism, to continue for a time, and disappear when the patient recovered from the chorea and the anæmia. But if this murmur be ever inorganic, it is certainly very rarely so. We do not look for it in cases of anæmia, but we often find murmurs in the arteries near the heart, and at a distance from it. We hear them just above the heart, over the outer and pulmonic artery. They are, of course, always systolic, i.e. accompanying the first sound or systole. How do you know them to be inorganic murmurs? This is an important practical question, for if the murmurs are not inorganic, they denote organic lesions of some kind; and the existence of anæmia is not alone sufficient proof that the murmurs are inorganic, inasmuch as anæmia may be, and often is, associated with organic disease of the heart. We can generally arrive at the conclusion that they are inorganic, by directing attention to certain points in connection with the existence of anæmia. An inorganic murmur may be seated in the pulmonic artery. So far as my experience goes, it is oftener seated in the pulmonic artery than in the aorta. How to determine whether it be seated in the pulmonic artery or the aorta, I need not stop here to consider, for this is a point which we have already sufficiently considered in previous lectures. Now, if a murmur be seated in the pulmonic artery, in an anæmic person, the probability is that it is inorganic, because, exclusive of congenital malformations, this artery is very rarely the seat of organic lesions. The co-existence of a pulmonic and an arterial murmur is also evidence of both being inorganic. How do we know that we have these two murmurs co-existing? This is a question which I believe I have not before answered, and it is one which I have not considered fully in my work on the Diseases of the Heart. We can usually settle this nice point in auscultation, by comparing the murmur as heard over the outer and near the pulmonic artery. If a murmur heard in the second intercostal spaces, high to the sternum on both sides, have the same quality and pitch, the presumption is, that it is a single murmur transmitted into both situations; but if the murmur, as heard on the two sides, differs in quality and pitch, the presumption is, that it is not a single murmur, but that there are two murmurs, one of which is aortic, and the other pulmonic; and clinical observation shows a difference in quality and pitch on the two sides to be not unfrequent. Another point relates to the second sound of the heart. We can interrogate, after a little practice, without difficulty, the second sound as produced at the aortic and pulmonic orifices separately, and distinguish the one from the other. Now, organic lesions at the aortic orifice generally, although not invariably, involve the semilunar valves, so as to impair the aortic second sound. If, therefore, we find the aortic second sound and the pulmonic second sound preserving their normal relation to each other, as regards intensity and quality, the presumption is, that an aortic murmur in a well marked case of anæmia is inorganic. This presumption is strengthened by the absence of any enlargement of the heart, and because experience teaches us that aortic lesions generally lead sooner or later to cardiac enlargement.

Further evidence that murmurs at or near the arterial orifices are inorganic, is afforded by the coexistence of arterial murmurs in the subclavian and carotid arteries. Murmurs are often produced in these situations in anæmia, when they are not discovered near the heart. Here I wish to advert to a point, concerning which, until lately, I have entertained an erroneous opinion. I refer to the quality of

inorganic arterial murmurs. In my work on the diseases of the heart, I have stated that roughness is a distinctive characteristic of these murmurs. This is, I believe, the opinion generally held by experienced auscultators. An able reviewer in the *Dublin Quarterly Review*, however, has criticised my statement with regard to this point as too unqualified. Curiously enough, just before reading this review, I had been led to the same conclusion by a case which came under my observation since the commencement of the present session. You will recollect the case I visited in consultation, the patient of a medical friend, in part with reference to the question whether there existed aneurism of the aorta or subclavian artery. Under the right clavicle there was a loud and distinctly rough murmur, which, naturally enough, suggested the idea of aneurism. No other signs of aneurism, however, existed. The patient was intensely anæmic, and death occurred a few days after my examination. I attended at the autopsy and brought away the heart, which I exhibited to the class, and made some remarks on the subject at that time. Both the heart and the arteries were entirely free from organic disease.

Another nice point in auscultation here suggests itself, to which I have not referred in my work on diseases of the heart, and which was just suggested to my mind by a question made to me by a member of one of my private classes in auscultation last winter. Suppose that we find an aortic murmur at the base of the heart, and a murmur in the carotid artery, the latter may be either transmitted from the aorta, or it may be produced within the carotid; can we determine which of these explanations is correct? We can generally do so by comparing the murmurs in the neck, and at the base of the heart, as respects pitch and quality of sound. A transmitted murmur preserves its pitch and quality, certainly as a rule. If, therefore, the murmur in the neck be the same murmur heard at the base of the heart, save only as regards intensity, it is transmitted; but if it differ in pitch or in quality in the situations, there are two murmurs, one produced in the aorta, and the other in the carotid.

We have not yet done with the murmurs incident to anæmia. What is called the venous hum, when present, is highly characteristic. This murmur is the continuous humming sound, sometimes musical, which the French writers call *bruit de diable*. This is truly a formidable title for an auscultatory sound; reference, however, is had, not to his satanic majesty, but to the spinning-top. The murmur often closely resembles that produced by this toy, which in France is known as *le diable*. This murmur is produced within the veins of the neck, oftener on the right side than on the left side, the patient either sitting or standing. That it is a venous murmur is demonstrated by compressing the veins above the stethoscope. The murmur is at once arrested, and it may be made to come and go at pleasure. This fact I have demonstrated to all of you in cases which have presented at our clinic. I believe this to be always a sign of anæmia, but it is a sign present only in certain cases of anæmia, and, therefore, while it denotes this condition when it is present, its absence is by no means proof that anæmia does not exist. Why it should be present in some cases and not in other cases, I confess my inability to explain. The same remark holds good with respect to inorganic arterial murmurs; that is, they are present in only a certain proportion of cases of anæmia. They depend, doubtless, on an abnormal condition of the blood, but what the particular change is, I am not prepared to say.

The causes of anæmia, in a practical point of view, constitute a very important branch of the subject. We meet with this condition vastly oftener in the female than in the male, which is to be explained in a great measure by the fact that many of the causes are peculiar to the female sex, and in part, perhaps, by the fact that the relative proportions of the red corpuscles of the blood are normally somewhat less in the female than in the male. Loss of blood is a frequent cause. Women are exposed peculiarly to this

cause in consequence of the floodings in labor and the profuse menstrual flowings to which they are subject. Formerly, when the anæmic condition was not understood, and bleeding as a remedy was practised much more indiscriminately than at the present time, anæmia was often produced by injudicious venesections, aided, too, as these were, by the equally injudicious use of emetics and cathartics, conjoined with low diet. We cannot forbear the conviction that much harm was done in this way, and also by failing to recognise, as contra-indicating measures of depletion, a state of anæmia already existing. It is no reproach to the past to be obliged to entertain such a conviction. Physicians can be expected to see their way in practice only so far as the light of existing knowledge extends, and if there be not liabilities to error, there can, of course, be no room for improvement.

As a general remark, any excessive expenditure of the nutritive materials in the blood, exclusive of nutrition, may occasion anæmia. Thus, large or long continued purulent discharges give rise to it. In females a common cause is the profuse leucorrhœa from which many suffer for a great length of time without medical aid. Frequent child-bearing and lactation are perhaps the most frequent of all the causes. The great frequency of these causes you have been led to observe in the cases at our clinic. Over and over we have found on questioning nursing patients, who come here with the varied ailments belonging to anæmia, that they have been either pregnant or suckling children with little or no interruption for eight, ten, or twelve consecutive years. And to these causes are conjoined generally hard work, inadequate diet, and often exposure to various other hardships.

In other patients it is induced by deficient assimilation. This is the source often in females who are confined within doors by some sedentary employment. You will have observed that in several of our cases the patients have been seamstresses. Sitting day after day, without exercise of the muscles, or of the faculties of the mind, and removed from all excitement which stirs up the functions, there is but a small demand for supplies for nutrition. The digestive and assimilatory functions languish from inactivity; the desire for food at length diminishes or disappears, and the blood becomes impoverished. In other cases, among a different class of patients, assimilation is defective in consequence of an injudicious alimentation. This arises sometimes from depraved dietetic habits into which persons, especially females, fall unintentionally; but it is sometimes the result of a sickly sentimentality which imagines that it is more interesting and refined to ignore the substantial wholesome articles of food which God intended should be eaten and enjoyed. Other evils of anæmia here spring from the miserable fanaticism which stigmatizes good living as an offence against delicacy, morality, and religion. The prevalence of consumption is one of these evils; and were we to go beyond the *physique* to trace its consequences, we should be led to attribute not a small share of mental vagaries to this source, on the often quoted but often disregarded truism of the *mens sana in corpore sano*. Gluttony is not to be advocated, but in a physical, if not a mental, point of view, it is preferable to an equal extreme of asceticism. Not only the healthiest of men and women, but they who have attained to the highest perfection in intellect, morals, and piety, have been good eaters.

Occasionally we meet in practice with cases of anæmia in girls, occurring at or near the period of puberty, without our being able to attribute it to any obvious cause. It seems to be in some way connected with the evolution of the sexual system. It is to these cases especially that the term chlorosis has been applied. A greenish tint of the complexion is certainly not a reliable test, and it would be better were the term chlorosis discarded; but, if retained, it is well to restrict it to cases of the description now referred to.

In districts known as malarious, and among persons who have experienced frequent relapses of intermittent fever,

anæmia is quite common. The malarious poison may induce anæmia without giving rise to intermittent fever, but persons who have repeated attacks of the latter disease, or in whom the course of the disease is not interrupted, generally become anæmic.

We may add to this brief account of the causation, the occurrence of anæmia in connexion with an abnormal increase of the white corpuscles of the blood, to which the attention of pathologists has been called by Virchow and Bennett, termed by the latter leucocythemia. I have not time now to enter into a consideration of this pathological condition, and to do so would be a digression from our present subject.

I have considered anæmia, Gentlemen, in these remarks, as a condition which, with our present knowledge, presents itself to us in practice when it is to be regarded and treated as the point of departure for a great variety of consecutive ailments. The state of anæmia often occurs when the point of departure is obviously in some other affection to which the anæmia is incidental. Thus, in cases of tuberculosis, carcinoma, and Bright's disease, anæmia occurs as a prominent feature, but as occurring in these connexions, it is a subordinate condition; it belongs to the history of these diseases, and claims attention only as one of their elements. Anæmia, however, may concur with almost any disease with which it sustains no special relations. In other words, a person already more or less anæmic, is liable, as well as other persons, to be attacked with fevers, inflammations, and other affections; and on the other hand, persons affected with chronic maladies are liable, like other persons, to become anæmic from causes having no particular relation to the existing maladies. The point at which I wish to arrive is this: Wherever anæmia concurs with any disease of which it is not an intrinsic element, it modifies the phenomena of that disease, and must influence our treatment. Suppose, for example, that an anæmic person be attacked with a pneumonia, the anæmic condition is to be taken into account in estimating the significance of symptoms, especially those relating to the circulation and the powers of the system, and it is of vast importance to take cognisance of the concurrence of this condition in determining whether bloodletting or other measures of depletion shall be resorted to or not. This is an important practical point of general application. Inattention to this point in organic affections of the heart, has led to serious errors in practice. We have seen that one of the most constant and prominent of the effects of anæmia is irritability of the heart. This irritability, conjoined with obstructive or regurgitant lesions, increases greatly the disturbance due to the latter. It augments notably the intensity of the organic murmurs proceeding from these lesions. The practical error is in imputing all the disturbance to the lesions, and under the influence of this error perhaps adopting measures of treatment which aggravate the disturbance by increasing the anæmia. So far as diseases of the heart are concerned, the importance of recognising the co-existence of anæmia cannot be too forcibly impressed; but the same principle holds good, although not to an equal extent, in almost all affections. The practical injunction is to look for anæmia, not only when it is the chief, and so far as appears to us, the primary morbid condition, and not only as it occurs in certain affections to the history of which it belongs, but as it may accidentally be found associated with any disease.

Before proceeding to speak of the treatment of anæmia, I wish to call your attention to a form in which this condition is occasionally met with, differing from the ordinary forms in this important respect—it proceeds steadily and surely to a fatal issue. I refer to the form which Addison distinguishes as "idiopathic anæmia." He so distinguishes it because the anæmia is developed and continues without any adequate cause or causes being apparent. It is in these cases of idiopathic anæmia that Addison was led to observe disease of the supra-renal capsules. The bronzed hue of the skin occurs in a certain proportion of these cases only.

It is with the idiopathic fatal anæmia, not the coloration of the skin only, that Addison supposes the disease of the supra-renal capsules is connected. As there is, I believe, generally an incorrect impression on this point, I beg leave to read the following quotations from Addison's paper: "For a long period I have from time to time met with a very remarkable form of general anæmia, occurring without any discoverable cause whatever; cases in which there had been no previous loss of blood, no exhausting diarrhoea, no chlorosis, no purpura, no renal affection, splenic miasmata, glandular, strumous, or malignant disease" * * * * "It was whilst seeking in vain to throw some additional light on this form of anæmia that I stumbled on the curious facts which it is my more immediate object now to make known to the profession."

I do not propose to discuss in this connexion the question as to the existence of a pathological relation between disease of the supra-renal capsules and fatal anæmia with or without bronzing of the skin. I will simply say that I suppose it to be shown that if there be a relation it is only occasional, not constant. I had myself a patient last winter who died with slow fatal anæmia, complicated with almost universal and strongly marked bronzing of the surface, and after death there was found to be no appreciable degeneration of structure in the supra-renal capsules. The history of this case was so strikingly illustrative of the so-called Addison's disease, that I fully expected to find disease of the capsules, and the autopsy was publicly made in the Amphitheatre of the New Orleans School of Medicine. But, not to be diverted from the point to which I wish to direct your attention, cases such as Addison refers to in the quotations just read, must have fallen under the observation of most clinical observers. I met with two or three in my hospital wards in New Orleans during the winter of 1858-9, and again during the last winter. The patients entered with intense anæmia, and greatly prostrated. Interrogation of the important organs of the body showed no serious disease. Loss of appetite was a prominent symptom, and progressively this loss became total. Diarrhoea was more or less prominent before death, but this was not due to intestinal lesions, as shown by examinations after death. The patients died by slow asthenia, or inanition. No disease adequate to produce death was discovered by post mortem examinations. Notwithstanding Addison's researches, these cases must be considered not less inexplicable now than when he stumbled on lesions in the supra-renal capsules. Even were these constant, they would hardly shed much light on the occurrence of fatal anæmia. I have not the presumption to offer an explanation of these cases, but I have an idea which I do not hesitate to throw out, because I can do no more, and I give it only for what it may be worth. To follow it out by researches which will show it to be valuable or worthless, will probably not be within my power. I suspect that in these cases there exists degenerative disease of the glandular tubuli of the stomach. I am led to this suspicion somewhat as a physician is said once to have arrived at the conclusion that the pancreas must be diseased, by convincing himself that all the other organs in the body were sound, and this was the only organ that he could not satisfactorily interrogate! Here is, at all events, a field of research which has yet been hardly more than explored. Dr. Handfield Jones is the only one within my knowledge who has made degenerative disease of the gastric tubuli the subject of any investigation. He published some years ago the results of the examinations, by means of the microscope, of one hundred stomachs. In seventy-seven of this number there was found more or less atrophy of the tubuli. In fourteen cases the degeneration was considerable. We can as readily understand that these important organs should undergo degenerative disease not rendered distinctly apparent to the naked eye, as that this should be true of the

convoluted tubes of the kidney. It is perhaps the lot of some one to bring the microscope to bear upon investigations here with as much effect as Dr. George Johnson has done with respect to the renal organs. Of the importance of the stomach glands we can form an estimate when we consider that their business is to furnish from fifteen to thirty lbs. of gastric juice during the twenty-four hours. Nor is it difficult to see how fatal anæmia must follow an amount of degenerative disease reducing the amount of gastric juice so far that the assimilation of food is rendered wholly inadequate to the wants of the body. I shall be ready to claim the merit of this idea when the difficult and laborious researches of some one have shown it to be correct.

I come finally to say a few words on the treatment of anæmia. Exclusive of the form last referred to, and as it is ordinarily presented to us in practice, it is a condition amenable to appropriate treatment. The first thing is to seek to discover, and, if possible, to remove or obviate the causes. On the importance of this I need not dwell, nor is it necessary to recall the various sources to which the causes are to be traced, and the means by which their further operation is to be prevented. The successful treatment will depend on the success with which these objects are accomplished. We are next to direct measures which are designed to remove the anæmic condition; in other words, restore to the blood the normal proportion of red corpuscles. Of remedies iron holds the first place. And of the numerous medicinal preparations of this metal, it is not easy to say which is the best suited to the majority of cases. The metal itself, reduced to an impalpable powder by hydrogen, is a good preparation, leaving the salts to be formed within the stomach. The citrate of iron in solution is an excellent form. The tartrate of iron and potash has the advantage of not being repulsive, and may be conveniently given in wine. The pyro-phosphate which has been lately introduced, has also the recommendation of not being disagreeable to the taste, and I have been led to think that the phosphorus in this combination is a valuable remedial agent in anæmia. You have doubtless noticed that I have prescribed this preparation frequently in the cases of anæmia presenting at our clinic. Whatever form may be at first selected, it is useful after a time to substitute another form, and, if the affection persist, successively different preparations. The advantage of this relates in part to the action of the remedy, and partly to the moral effect of the changes. I shall not discuss the question how iron operates in the cure of anæmia, but leave this question to my able colleague, the professor of materia medica who is much more competent to answer it than I am.

Another useful remedy is the chlorate of potassa. I have prescribed this remedy often in cases of anæmia for several years past, and I think that I cannot be mistaken in attributing to it in certain cases considerable potency. From one to three or four drachms may be given daily.

The vegetable tonics doubtless are useful, yet I confess that of late years I have used them but little, excepting the sulphate of quinia, which I imagine is more efficient than any or all of the bitter infusions and decoctions. When anæmia occurs in malarious districts, or in connexion with intermittent fever, the quinia is especially indicated, and under these circumstances the citrate of iron and quinia is an excellent remedy.

Important as remedies are, they would be alone inadequate to the cure of anæmia. With them must be conjoined an appropriate diet, and regimen. The diet should consist of digestive, nutritious food, sufficiently varied, properly cooked, and not deficient in quantity. This general statement must suffice without going into details which are of great importance, and which would require an entire lecture. The object is to introduce into the system alimentary supplies as rapidly and abundantly as the digestive powers will permit. Here is one great difficulty in treating many of the patients who come to dispensaries and clinics. Mere charities furnish medical advice

* These quotations are made from a paper by Dr. Wilkins, Guy's Hospital Reports, 3rd series, Vol. v. 1859.

and medicines, but often what is most needed is enough of wholesome, well cooked food. The anæmic diet should embrace a large proportion of tender meat.

The regimen should be adapted to increase the activity of digestion and nutrition. Out-door exercise is indispensable for this object. Without overtasking the muscles or the power of endurance of the system, the more the patient lives out of doors, as a rule, the better. Here are often difficulties in the way of treatment, arising from the necessity of in-door occupation, and the want of inducement to be abroad. Exercise should, as far as possible, be made interesting, by being conjoined with agreeable amusement.

Wine, spirits, or malt liquors, for a time are undoubtedly beneficial, when they are taken without excitement of the circulation or nervous system, and are accompanied by a sense of comfort. We must not shut our eyes to their value here, or in other forms of disease, while we are ever to be on our guard, so as not to sanction or promote their unnecessary or intemperate use.

We can often do much by encouraging anæmic patients, and assuring them positively that they are not in immediate danger of dying from disease of the heart, or some other fatal disease. But, Gentlemen, in order to be able to give these assurances you must be qualified to interrogate the important organs of the body, and to satisfy yourselves of the absence of disease. If you are able to say to patients that there is no disease of heart, in a manner to make yourselves believed, you will often do them a greater service than by the most efficient prescription. A constant state of mental anxiety and apprehension is a powerful obstacle in the way of recovery.

In conclusion, the treatment of anæmia is important, not only when, so far as our investigation can go, it is the root of the various ailments which exist, but when it is accidentally associated with other affections. As indicating certain measures, and as contra-indicating other measures, it must never be lost sight of if you would practise innocuously, judiciously, and successfully.

"THEY MANAGE THINGS BETTER IN FRANCE."—The dryness and want of animation which usually illustrate debates in our own English Medical Societies, have been often cast in their teeth; it is well, therefore, to hear what a French critic thinks of some of those brilliant outbursts of eloquence which we are often inclined to envy in listening to the prosaic humdrum way of doing business in which John Bull usually indulges. "They manage these things better in France!" Let us see. Here are the general remarks, made *à-propos* of the particular occasion on which M. Trousseau indulged the French Academy with an hour's burst of eloquence:

"And this leads us to a remark of more general application. Oratorical struggles in an Academy of Medicine have rather a *beautiful* than a *good* effect. They give animation, piquancy, and *popularity* to the meeting. But people come to them to hear an orator, not for instruction. Those long brilliant discourses, which refer more *ad hominem* than *ad rem*, or which have no direct reference either to the matter or the person, are like so many beautiful solos executed on different airs. They frighten away from the discussion many a modest but steadfast man, who would speak his mind freely in private society or in his seat, but who has not the courage to mount up to a tribune still vibrating with the echoes of an eloquent peroration. We merely signalize the fact without deducing any consequence from it. There is no other way of curing the evil than by limiting the length of the discourses, but whenever this has been tried it has been given up. Generally speaking, the orators whose voices the Society thus wished to stifle, have complained so loudly that in the end it was necessary to let them have their full swing."—*Medical Times and Gazette*.

Reports of Hospitals.

BELLEVUE HOSPITAL.

SURGICAL CASES—SERVICE OF DR. J. W. S. GOULEY.

[Reported by JOHN W. HUNT, M.D., House Surgeon.]

PERI-URETHRAL ABSCESS—OPERATION—RECOVERY.

JAMES McWATERS, æt. 24, native of Ireland, laborer, of intemperate habits, was admitted to Bellevue Hospital, April 11, 1860, suffering from gleet, and a tumor in the perinæum. Six years ago he was kicked by a man in the perinæum, and according to his statement, the urethra was ruptured in consequence. He was treated at the New York Hospital, and, during the four weeks of the time he was in that institution, a catheter was worn. After his recovery, he was able to pass his water without much trouble, till three years ago, when he noticed that the stream was getting smaller. He had no serious difficulty, however, till six weeks ago, when he had an attack of gonorrhœa, of which his present gleet is the remains. Since then he has been able for the most part to pass his water only by drops. The tumor of the perinæum commenced at about an inch from the verge of the anus, and extended forwards to the scrotum, quite hard to the feel, tender on pressure, somewhat inflamed, and obscurely fluctuating. The scrotum is somewhat oedematous. A catheter could be passed to the triangular ligament, but not farther without danger of laceration. His general condition is pretty good, appetite poor, and bowels confined; has had one or two slight chills. The diagnosis made was peri-urethral abscess, which probably communicated with the urethra. The bowels were relieved, and on April 12 an incision was made by Dr. Gouley into the tumor, directly in the mesian line. A large quantity of pus was discharged, which left the cavity extending to the urethra, but not communicating with it. The wound was dressed with warm water. A No. 4 silver catheter was introduced without much difficulty into the bladder, and allowed to remain there. April 13.—Patient comfortable, has slept well during the night, catheter removed and a poultice applied to the wound. On the following day he urinated without much difficulty, and from that time he continued to improve steadily until the 7th of May, when he was discharged.

STRANGULATED CONGENITAL HERNIA—OPERATION—EPILEPTIFORM CONVULSIONS—DEATH.

WILLIAM KYLE, single, æt. 29, native of Ireland, intemperate, baker by occupation, was admitted to Bellevue Hospital, May 29, 1860, at 5 o'clock P.M. Since his earliest recollection patient had a tumor in the right groin, which, however, did not inconvenience him to any extent. While lifting, May 26, a barrel of flour, he felt something give way in his right groin, and soon after the right side of the scrotum became distended. The next day he had vomiting and considerable pain in the lower part of his abdomen, and in the right iliac region. From that time the vomiting continued at intervals, and he has been annoyed occasionally by hiccough. His bowels had not moved since the accident. He could walk without any apparent pain. On examining his abdomen he complained of slight tenderness over the whole of its lower part, more marked in the right iliac region. The tumor was rather more than an inch in diameter, followed the course of the spermatic cord to the external ring, was soft to the feel, dull on percussion, and received a slight impulse when patient coughed. A very slight amount of gurgling was felt and heard when an attempt was made at taxis. The testicle could be readily isolated. After making several ineffectual attempts to reduce this tumor, the attending surgeon, Dr. Gouley, was sent for. He saw the patient at 12 o'clock that night, and

decided the case to be one of congenital oblique inguinal hernia, which had become scrotal and strangulated. Dr. G. also made several unsuccessful attempts to reduce it, but failed. A large enema of soap-suds and castor oil was given, but it came away without producing any effect. Operation was then determined on, and at two o'clock A.M. it was performed. The patient was etherized. An incision about two and a half inches in length was made directly over the tumor, extending obliquely from about midway between the external and internal rings, to just below the brim of the pelvis. The tissues were carefully dissected down to the peritoneum, which was then nicked; a director passed in, and opened with a blunt pointed-bistoury. There was only a small amount of serum in the sac, a large amount of omentum and a loop of large intestine, which proved to be the transverse colon. About four inches in length of the gut were strangulated. It was a good deal injected, and there were a few patches of ecchymosis upon its surface. The omentum was also injected, but not in the least gangrenous. Looking downwards through the opening, the testicle could be seen in the scrotum, and by pressing from below could be brought up to it. An attempt was made to reduce the gut without enlarging the ring, but failed. It was then nicked with the hernia knife, cutting directly upwards; after which the strangulated mass was reduced without much difficulty. Scarcely half an ounce of blood was lost during the operation. The wound, carefully closed by suture and plaster, was covered by a graduated compress, and secured by a spica bandage. After the operation patient's pulse was 78, and full. He slept profoundly till five o'clock, and when he awoke he complained only of a slight uneasiness in his bowels. His pulse was then 80, and full; respiration normal. Morphine was administered, but failed in producing sleep, otherwise the patient seemed to be doing well; pulse 85, and respiration normal. At two o'clock I was called in haste to see him. I found him in an epileptiform convulsion, apparently comatose, face livid, pulse 110, respiration 8. The orderly stated that the patient suddenly became blue in the face, froth oozed from his mouth, and he began to snore. Dr. Gouley being engaged with an operation, Dr. Parker saw the patient with me, and advised brandy $\frac{3}{4}$ ss. and aque ammoniac gtt. x. In about ten minutes the patient became conscious, and answered a few questions. In about half an hour after the patient was seized with another attack, from which he did not recover. He died comatose, four o'clock the same afternoon. It was ascertained that the patient had had two similar epileptiform attacks, one five months and the other three weeks previous to admission.

Autopsy, 16 hours after death.—Rigor mortis well marked, the vessels of the brain were found largely injected. The ventricles contained a small amount of serum, in all other respects that organ appeared healthy. Liver and kidneys very slightly fatty. The peritoneum covering that part of the transverse colon which had been strangulated, was a good deal inflamed, the inflammation extending two or three inches beyond the points of strangulation on either side; the whole intestines were also covered by a film of lymph. No other lesions were apparent.

BROOKLYN CITY HOSPITAL.

SEVERE HYPERCRANIA AND EPILEPTIC SEIZURES, RELIEVED BY HYPODERMIC INJECTIONS OF MORPHINE.

[Reported by H. W. BOONE, M.D., House Physician.]

J. WILSON, set. 31, Irish, was admitted July 22, suffering from pain in the head; was healthy until sixteen months ago; temperate; married, and has two children; had chancre twelve years ago, but does not seem to have had any secondary symptoms. He is not a robust man, and states that during the last three years he has been obliged

to work about fourteen hours daily, and has had a great deal of anxiety. Sickness commenced sixteen months ago, with great pain over the right side of the head, mostly over the temple. Pain has continued ever since, much aggravated at times, when he described it as almost unbearable. During this time he has been subject to slight epileptic fits, of which he has had about twenty. Has been under treatment by a regular physician ever since September last. Usual means for the cure of neuralgia were tried without benefit. Bowels somewhat costive at present; pulse not very full; tongue clean, appetite good. Ord: cathart., and ung. veratrie to be rubbed on the forehead. Next morning, ord. quinia sulph. gr. v. three times daily. July 26.—No improvement up to present time. Stop quinia and ord. Fowler's sol. gtt. viij. three times daily; introduced seton in back of the neck. July 30.—Still complains of constant pain with exacerbations which interfere much with his sleep. Ord. morphiae acet. gr. xvj., aque $\frac{3}{4}$ i. In evening gave hypodermic injection of ten drops of this solution on the temple. Patient slept better that night, and had less pain in head. Dose repeated in evening: Shows symptoms of influence of arsenic; stop Fowler's sol. Aug. 1st.—Did not sleep so well last night, but the pain is no worse. At night, gave gtt. xv. of same solution under skin. Slept six hours, and on awaking felt easier, he said, than for a year previously; gave gtt. x. as before. Aug. 7.—Has steadily improved, and has scarcely any pain. Aug. 9.—Has had no pain and sleeps well. Discontinue injections. Aug. 13.—No recurrence of pain. Discharged by request.

NURSERY AND CHILD'S HOSPITAL.

CYANOSIS WITH IMPERFECT FORMATION OF THE HEART—BRONCHO-PNEUMONIA, MALPOSITION OF THE COLON.

[Reported by J. LEWIS SMITH, M.D., Curator.]

THE child whose history is related below, had cyanosis from birth, due to imperfect formation of the heart. This organ, in fact, had but two cavities, and it was a matter of surprise to those who saw it that death did not occur sooner. The other point of chief interest in this case was the unusual relations of the transverse colon.

Sept. 3, 1860.—G. B., a male infant, about three months old, was admitted into the Hospital on the 24th of July last, under the care of Dr. Wm. W. Jones. At the time of admission he had a slight cough, but was well nourished, and did not appear seriously sick. The cyanotic hue was at all times present, and was much increased when he coughed or fretted. He at times cried as if from flatulence, for which clysters of asafoetida, among other things, were ordered. The nurse states that she often noticed fulness of the epigastric region, and the post-mortem examination showed how the intestinal gases were retained. About two weeks before death he was suddenly seized with fever, and the hurried and painful respiration of acute pulmonary disease. He was ordered various mild expectorant mixtures, and finally those of a more stimulating character, with small doses of brandy. Irritating embrocations and the oiled-silk jacket were employed locally. The disease, however, continued unabated, and he finally succumbed to it on the 3d of September.

Autopsy, twelve hours after death.—Body somewhat emaciated; cavities of the heart much distended with blood; the auricular septum entirely absent, with the exception of an oblique band, a line in diameter, passing across the middle of the open space; the ventricular septum also absent, the only partition between the ventricles being furnished by the muscular fibres attached to the valves; ductus arteriosus either absent, or its location anomalous; valves of the heart perfect, and the walls of the cavities, with the exceptions noticed, of the usual thickness and firmness. Mucous membrane of the bronchial tubes uniformly thickened and reddened, showing

the presence of severe bronchitis; the posterior portion of each lower lobe, dark red, non-crepitant, and solid to the feel; by strong insufflation, the air encroaches upon these portions, but their centres remain solid; by compressing the inflated lung with the hand, the air is forced into the solid vesicles, so that nearly all become crepitant. A curious anomaly is noticed in the position of the transverse colon; it passes under the duodenum, or upper part of the jejunum, and is considerably constricted at this point; the ascending colon, and the portion of the transverse lying between it and the constriction, much distended with gas, and bent upon themselves; that part of the colon between the constriction and the rectum contracted; mucous membrane of ascending colon, and first part of transverse, of healthy appearance, as is that of the stomach and small intestines; mucous membrane of descending colon, and of the portion of the transverse contiguous to it, thickened and vascular, but not ulcerated. Liver somewhat congested, and weighing six ounces; spleen and kidneys apparently healthy; mesenteric glands natural, with the exception, perhaps, of slight enlargement.

Microscopic Appearance.—The blood discs of usual appearance; very few colorless corpuscles observed; numerous exudation corpuscles in the diseased portion of the lungs, and a few noticed in the adjacent healthy lung tissue; the liver contains no more than the ordinary number of oil globules, free and in the hepatic cells, and they are quite small; a few small oil globules are observed in some of the tubuli uriniferi, but these ducts contain for the most part only the normal epithelial cells.

JOURNALS FOR SEPTEMBER.

NORTH AMERICAN MEDICO-CHIRURGICAL REVIEW.—Sept.

ART. I.—Dysentery: its Pathology, Causes, and Treatment, with Cases. By Dr. H. P. AYRES, Fort Wayne, Ind.—The disease is attributed to some atmospheric agencies acting upon a primitive diseased state of the blood. Dysentery, it is contended, is an inflammatory disease, and should be ranked with pleuritis, gastritis, and metritis, being either acute or subacute. In the epidemic of 1845, in Northern Indiana, it was inflammatory, and required antiphlogistics; in 1854 it was sub-acute, and astringents were useful, as a decoction of white oak bark; in 1856 it was subacute, with a morbid state of the liver and other organs, and required cathartics. Hence the necessity of a careful discrimination of the type of the disease before treatment is commenced. **ART. II. Tracheotomy in Croup;** by Dr. C. S. FENNER, of Memphis, Tenn.—Four cases are reported, all of which proved fatal; in a fifth case, not membranous croup, the patient recovered; the author concludes that it should be performed only as a last resort. **ART. III. A Case of Coup de Soleil;** by Dr. HUMPHREY PEAKE, Yazoo, Miss.—The autopsy showed the lungs intensely congested; heart healthy; brain not examined. The case is supposed by the author to sustain Dr. Dowler's opinion of the cause of death in this affection:—"Be it what it may, the cause of death begins, continues, and ends in the breathing apparatus." **ART. IV. Eclampsia in a Primipara at the sixth month of Gestation;** by Dr. R. B. S. HARRIS, Pensacola, Fla.—Convulsions occurring, craniotomy was performed, owing to the contraction of the antero-posterior pelvic diameter, and delivery effected; convulsions ceased; symptoms of metro-peritonitis ensued, which was treated principally with the following:—B. Potass. chlorat. ʒij., aquæ ʒviij; tr. verat. virid. gtt. xx; patient recovered. **ART. V. Cases of Colloid Tumor of the Abdomen;** by Dr. S. D. GROSS, Prof. Surg. in Jeff. Med. Coll.—Three cases are referred to, in all of which the tumors occupied the entire abdominal cavity. **ART. VI. Treatment of Gleet by Compression;** by Dr. G. P. HACHENBURG, Springfield, O.—The

compression is effected by the introduction of an ivory, or highly-polished horn bougie, having a shoulder to prevent it from slipping into the urethra; it is maintained in position over night; five successful cases are reported. **ART. VII. Case of Universal Tuberculosis;** by Dr. J. P. KLUGE, Phys. to the Panama R. R.

AMERICAN MEDICAL MONTHLY AND NEW YORK REVIEW.—September.

ART. I.—Treatment of Phthisis by the Chlorate of Potassa, with Observations on Oxygen and Ozone as Therapeutic Agents; by Dr. E. J. FOUNTAIN, of Davenport, Iowa.—This paper, which was read before the American Medical Association at its last session, is based upon the theory that tubercular deposit is the result of an imperfect elimination from the system of the products of organic decay of the tissues of the body; that these deposits may be absorbed, and their further development arrested by increasing the supply of oxygen; and that the chlorate of potash, by easily parting with its oxygen, most readily fulfils this indication by rendering the blood arterialized without increasing the labor already performed by the lungs. Three cases are reported, each exhibiting the unmistakable symptoms of incipient phthisis. To each of these he gave half an ounce of chlorate of potash daily with entire success, which seems, in the author's opinion, to establish the following facts:—"1. The chlorate of potash may be given in large doses every day for a long time without injury. 2. It aids the functions of respiration by supplying the blood with oxygen. 3. It operates as a natural tonic, alterative, and blood depurant, by increasing the supply of that element which is the most active agent of nature in the chemical changes which take place in the laboratory of the human system." The late reports of ozonized oil being administered with benefit, he thinks are due to so much oxygen being administered with the oil. The paper concludes with some remarks upon ozone, which he calls "nascent oxygen." **ART. II. Physiology of the Circulation, a Course of Lectures, etc.,** by Dr. JOHN C. DALTON, JR.—We shall notice these lectures more at length when they are completed. **ART. III. Report of a Trial for Criminal Abortion;** by Dr. C. P. FROST, St. Johnsbury, Vt.—The sister of the victim of the abortionist testified to the operation with instruments; patient lived seven days; the autopsy revealed an enlarged uterus, the cervix in a sloughy state, a slough on the anterior wall not entirely detached, placental attachment well defined; vagina covered with pus; vulva swollen; other organs healthy; trial took place one year after the act, and resulted in the conviction of the prisoner. **ART. IV. Case of a Gunshot Wound; bullet found in the wall of right ventricle of the heart eighteen years after the accident;** by Dr. G. B. BALCH.

SOUTHERN MEDICAL AND SURGICAL JOURNAL.—September.

ART. XXI. The Humoral and Vital Pathology; by Dr. D. M. CLAY, of Irwinton, Ga. **ART. XXII. Union of Strands of Hair across the Incision in Wounds of the Scalp;** by Dr. F. M. PITTS, of Waco, Texas.—This treatment consists of uniting wounds with strands of hair instead of thread, the ends being fastened with perforated shot, compressed upon the hair. It was recommended by Professor Campbell, of Augusta, Ga. **ART. XXIII. Treatment of Deaf Mutes.** Translated from the French; by Dr. JOHN S. COLEMAN, of Augusta, Ga.—The remedy in this case was sulphuric ether dropped into the ear, which in some cases remarkably improved the hearing.

THE post mortem examination of the body of Prince Jerome led to the discovery of a ball which had remained in his chest after a duel which he fought in his youth with a brother of Marshal Davoust.

American Medical Times.

SATURDAY, SEPTEMBER 15, 1860.

PLANS FOR THE RELIEF OF THE INSANE.

In a previous article we endeavored to show, the imperative necessity which exists for making some further provision for the care and proper maintenance of the insane, who are accumulating in large numbers in our Alms-houses and Poor-houses, without any adequate care or supervision on the part of the State or public authorities. We shall not at present stop to consider what must necessarily be the wretched condition of the insane in many of our Poor-houses. When we reflect that their keepers are without means or appliances for their proper care, without any knowledge of the subject of insanity, without the means of obtaining an adequate number of attendants, and without any proper supervision, we can readily conceive what must be their condition. Fortunately for the insane and for humanity, the old idea that insanity is a special infliction of Divine vengeance, or a mysterious dispensation of Providence, is exploded. Insanity is now justly regarded as a physical disease, often caused by physical agencies, and to be treated by physical as well as moral means; and that it is no more mysterious than any other disease of the physical organization. Or, more strictly speaking, insanity is a symptom of derangement in that delicate physical organization, by and through which mind is manifested, viz. the brain and nervous system.

In the Report of the Commissioners of Lunacy made to the Lord Chancellor of England in 1847, pages 229 and 230, we find the following just remark. After speaking of the importance of moral treatment they say:

"As a means of cure it ought never to be lost sight of. But there is reason to apprehend that the attention of medical men has been of late years too exclusively devoted to what is termed moral treatment, to the neglect in some instances of the resources of medicine. They appear occasionally to have lost sight of the fact that insanity never exists without a physical cause, namely some disturbance of the functions of the brain; disorders of the mind being only the result of some temporary or permanent derangement of the organism, by means of which all mental operations are carried on; whence it seems that physical agents ought to be resorted to in the first instance, or the means of restoring the healthy and natural state."

Speaking of the Reports made by the Medical Officers of the different asylums, the Commissioners say:—

"The conviction with which most of them seem to have been impressed is, that the disturbed state of the brain, which is the proximate cause of insanity in its various forms, is in most instances the result of disorders in some other part or function of the body, or of some serious derangement in the general state of health; and that the principal resources available for the cure of the cerebral affection consist of measures calculated to remove the original disorders of the physical or bodily function, and to restore the health of the constitution in general. Hence, the general recommendations of means to promote vigor of the body, such as exercise in the open air, ample diet, the careful administration of stimulants and tonics, bathing,

warm clothing, and healthful recreation. Experience, as we might collect from the replies which we have received, if no other means of information existed, would fully confirm the truth of this fundamental principle. It may indeed be observed that, in general, the number of recoveries from insanity is found to be in proportion to the degree in which the curative resources above alluded to, have been employed. Under the old system of keeping patients bound hand and foot in cells, often dark, loathsome, and disgusting, and feeding them with coarse and unwholesome food, the result was an accumulation of chronic cases, and a frightful aggravation of human misery. The present humane method of treating the insane, and the provision made at the public cost for Pauper Lunatic Asylums furnished with every resource for promoting health and comfort, exhibit in a striking point of view the intelligence of the age; and whilst they promise to diminish the numbers of the permanently insane, cannot fail to alleviate in a great degree the suffering of that most afflicted class of human beings."

It is now a well established fact that a large proportion of the insane may be restored to health by proper and judicious treatment in the early stage of the disease. The reports from the best conducted asylums give as high as seventy to eighty per cent., while the chance of recovery under the former mode of treatment is very slight indeed. The delicacy of the brain and nervous system involved, and the rapidity with which organic derangements are produced when neglected or improperly treated, point to the necessity of prompt and early attention to the first indication of disease. The inability of the patient to control himself, and the impossibility of proper control by family and friends; the absolute necessity of a change of the moral influence with which he is surrounded, in addition to the danger to himself or others when not restrained; all indicate the necessity of an early removal to a well conducted asylum. It is clearly not only the dictation of true economy, but equally of humanity, that *the State should establish a sufficient number of Asylums to receive and accommodate all recent cases of insanity*, and that no care or expense should be spared that can contribute to their recovery. With all the care and attention which we can bestow, there must necessarily be a large number of cases in which both moral and physical means prove in vain, and who remain incurably and permanently insane. This numerous class, which is rapidly increasing, is, equally with the other, entitled to our sympathy, and to the care and protection of the government; but unfortunately, neither public sympathy nor government can do much for them except to see that they are not abused, and that they are supplied with all that is necessary for their physical comfort. Nor do they require any great expenditures of money for costly buildings, and ornamented grounds, or medical and other attendance.

The question then recurs, what shall be done to relieve the present condition of the insane. It has been seen that our asylums are already crowded, while many are refused admittance, and many considered incurable are sent back to the alms-houses and poor-houses. Three different modes have been proposed:—

1. To increase the number of asylums, where recent and curable, and the old and incurable cases, are mingled indiscriminately together.
2. To reserve the present, and if necessary additional asylums, as curative institutions, and erect new asylums, adapted only to the necessities and wants of the incurable.

3. *Allow the State to provide a necessary number of Asylums, or Curative Institutions, leaving it for the separate counties to provide, under suitable supervision, and in proper places, for the maintenance and comfort of those who are decided to be hopelessly incurable.*

With regard to the first method of relief, it may be said that petitions have at different times been presented to the Legislature, and bills have been reported in favor of establishing new asylums similar to the one now in operation, but they have not resulted as yet in any legislation, apparently through fear of the expense. If, however, it should be deemed the best mode of providing for the insane, no degree of expense should deter the Legislature from performing a clearly imperative duty.

The objections are: 1. That it has been shown that a curative establishment is necessarily more expensive than one for the mere safe keeping and comfort of the patient. In our present institutions, the county is subject to the same expense for keeping an old, demented patient, who requires but little care, and whose recovery is hopeless, as for a recent case. The counties cheerfully pay for the keeping of a recent case, with a reasonable prospect of recovery, while they rebel at the prospect of a perpetual entailment of the tax. 2. The natural and necessary tendency of an institution where old and incurable patients are retained, is to become more and more filled with this class of patient; and the zeal, the interest, the care and attention of the medical and other officers decrease in proportion as the number of incurables increases. This is strikingly illustrated in the English Asylums, where incurable patients are never removed to enable them to receive recent cases. An American is always forcibly struck, on visiting British institutions, by the large number of old, incurable cases.

Should, then, new institutions be erected exclusively for incurable patients, reserving the present Asylums as Curative Institutions, the objections to this would—many of them, at least—be the same as the last. It would require the erection of new buildings on the part of the State. The expense of sending patients a distance from the counties where they belong would be the same, and the expense of supporting a patient in the Asylum could be but little less than at present. The incurable condition of the patient would destroy all ambition and energy on the part of officers and attendants; consequently their condition would soon be little or no better than that of the county Poor-houses. Besides the expense of transferring patients to and from an Asylum, and the remitting of funds, it is always better and more satisfactory to the counties to have the management of their own concerns, and the expenditure of the money in their own county or district.

If, then, the proper protection of the interest of the patients can be secured, and their care and comfort be insured without removing them from the county, and without any additional expense, it would certainly be desirable. But the consideration of this branch of the subject we shall defer to another occasion.

THE WEEK.

THE ASYLUM FOR INEBRIATES, with its walls only half completed, already presents the most noticeable and attractive architectural design of any public edifice in the State of New York. And the unequalled beauty and healthful-

ness of its location, the completeness and liberality of its plans, and the spirit in which the enterprise has been conceived and is now progressing, happily harmonize with the humane design and the peculiar requirements of this new work of faith in Humanity and Hygiene. Fortunately, the disputed theory and the alarming facts that have demanded the establishment of this institution, are to have ample facilities for demonstrating its philosophy and utility. Standing upon its walls at the morning's dawn, a few days ago, we were enabled to appreciate the reasons and feel the influences that decided the location of this great work at Binghamton; and for the first time, though the plans and progress of the edifice had been carefully noted, had we just idea of the extent and completeness of the plan of this institution. The work of construction is proceeding as rapidly as possible, but the main edifice cannot be completed this year; yet when completed, it will be altogether the most perfectly constructed, the best ventilated, the most economical and yet the most liberal in space, and the most healthfully and beautifully situated of any medical institution in the Empire State. And we delight to speak of this as a *Medical* institution. Its inception, design, and all its purposes have been conceived and matured in the mind of a physician, and the theory and success of its operations depend wholly upon physiological and medical facts which its philanthropic projector, Dr. J. Edward Turner, has devotedly studied these many years past, in our own and other lands. Though some persons may carp at the design, and good men may occasionally take exceptions to the work, on account of certain anticipations of its becoming "a premium to encourage the evil it would cure," the physician who understands the pathology of Oinomania, and is informed that nearly four thousand men and women—mainly from the better classes—are registered applicants for its benefits, must exclaim, as we involuntarily did, while standing upon its palatial walls, Grace unto it! Every member of the medical profession should do all in his power to promote the objects and perfect the design of this first Inebriate Asylum in the world; let them also encourage the establishment of similar institutions in other States: and if any one doubts the utility of special agencies of nature and art to invigorate and revivify the mind and all that is godlike in man, let him visit the grounds of the Asylum at Binghamton, and there unconsciously drink in the inspiration of the pure bracing atmosphere, the indescribable loveliness of the valleys, and the grandeur of the hills that make up the panorama of the surroundings of that institution, and then turn to the edifice which is to be a temple of health, and a home of refinement and moral culture, harmonizing with the faith, humanity, and taste that have designed and will complete the work.

THE MEDICAL COLLEGE OF OHIO, at Cincinnati, seems to have been suffering severely from internal dissensions, which must sadly interfere with its usefulness. The *Cincinnati Lancet and Observer*, for September, makes a full exposé of the matter. It seems from this statement that more than a year ago the faculty became dissatisfied with the conduct of the professor of surgery, Dr. Blackman, who did not give his customary lectures in the course, and passed a resolution expressive of their wishes that he should give his lectures in their regular course. At this the Professor of Surgery took offence, and the disagreement continued until he was requested by his colleagues to resign.

Prof. Blackman accordingly wrote his resignation, which was transmitted to the trustees, with a communication stating that the Faculty, "while they recognise the great skill and ability of Prof. Blackman, earnestly ask you to accept his resignation of the Chair of Surgery. The Faculty join in the belief that from certain infirmities of temper and judgment in Prof. Blackman it is impossible to maintain their professional connexion with him without ignoring much of their manhood, and putting in jeopardy the success of the College." The italics are given by the Faculty. Before the Board of Trustees took any action in the matter, Prof. Blackman withdrew his resignation; whereupon the Board, desirous that the Faculty should remain for the approaching session, reorganized the school, by appointing Prof. Blackman to the Chair of Clinical Surgery, his field of duty being the hospital. The Faculty, with two exceptions, refused to accept their re-appointments. In last July the old Board of Trustees was superseded by a new Board, which reorganized the school with its present Faculty. The statement from which we gather these facts, contains personal allusions unsuited to the pages of a medical periodical. We regret to have to record the distractions of that once eminent school of medical learning, founded in the early days of the Queen City of the West, and adorned by the talents of DRAKE, GROSS, CALDWELL, and HARRISON. There is no city that has such urgent need of an influential school, with a united and energetic faculty. We trust the present organization will prove more useful than is predicted, and that its new professors will prove themselves worthy successors of the earlier teachers in that school.

At the last meeting of the Sanitary Association, Dr. GRISCOM called attention to the case of Catharine Gordon, a young woman, aged seventeen, who died at the City Hospital on Wednesday evening of last week, from the effect of arsenic, administered by herself, on the Sunday evening previous. The poison was purchased by the girl at a drug store in West Broadway, the persons in attendance not asking any questions as to her name, residence, or purpose; and, what was worse, without any label on the package, in gross violation of the law. After the death of the girl, Dr. Griscom, who had treated her during her illness, inquired into the case, and endeavored to bring the culpability of this druggist to the notice of the authorities, but his intentions were frustrated by the hasty and inefficient manner in which the coroner disposed of the case. A *post-mortem* examination was refused, and no means taken to summon the proper witnesses to convict the druggist of violating the law, or even the facts, to reach public attention. The doctor stated that this druggist is a brother-in-law of a prominent city official—the head of one of the departments. He entertained no doubt that if the law had been complied with the unfortunate girl would be alive now. The Association appointed a special committee to inquire into these facts, and adopt such measures as they may deem expedient. The following gentlemen were appointed:—Dr. Percy, Dr. Roberts, and Dr. Batchelder.

WE desire to call attention to the announcement of the Medical Board of Bellevue Hospital in regard to the examination of candidates for the position of assistant physicians. No changes have been made by the Commissioners in the manner of those appointments, and applications will be made according to the notice.

BRITISH SCIENTIFIC ASSOCIATION.

[At the recent meeting of this Association the following paper was read, an abstract of which we take from the LONDON ATHENÆUM.—Ed.]

ON THE INTELLECTUAL DEVELOPMENT OF EUROPE, CONSIDERED WITH REFERENCE TO THE VIEWS OF MR. DARWIN AND OTHERS, THAT THE PROGRESSION OF ORGANISM IS DETERMINED BY LAW. By Prof. DRAPER, M.D., of New York.

"The object of this paper was to show that the advancement of man in civilization does not occur accidentally or in a fortuitous manner, but is determined by immutable law. The author introduced his subject by recalling proofs of the dominion of law in the three great lines of the manifestation of life. First, in the successive stages of development of every individual, from the earliest rudiment to maturity; secondly, in the numberless organic forms now living contemporaneously with us, and constituting the animal series; thirdly, in the orderly appearance of that grand succession which in the slow lapse of geological time has emerged, constituting the life of the Earth, showing therefrom not only the evidences, but also proofs of the dominion of law over the world of life. In those three lines of life he established that the general principle is, to differentiate instinct from automatism, and then to differentiate intelligence from instinct. In man himself three distinct instrumental nervous mechanisms exist, and three distinct modes of life are perceptible,—the automatic, the instinctive, the intelligent. They occur in an epochal order, from infancy through childhood to the more perfect state. Such holding good for the individual, it was then affirmed that it is physiologically impossible to separate the individual from the race, and that what holds good for the one holds good for the other too; and hence that man is the archetype of society, and individual development the model of social progress, and that both are under the control of immutable law: that a parallel exists between individual and national life in this, that the production, life, and death of an organic particle in the person, answers to the production, life, and death of a person in the nation. Turning from these purely physiological considerations to historical proof, and selecting the only European nation which thus far has offered a complete and completed intellectual life, Prof. Draper showed, that the characteristics of Greek mental development answer perfectly to those of individual life, presenting philosophically five well-marked ages or periods,—the first being closed by the opening of Egypt to the Ionians; the second, including the Ionian, Pythagorean, and Eleatic philosophies, was ended by the criticisms of the Sophists; the third, embracing the Socratic and Platonic philosophies, was ended by the doubts of the Sceptics; the fourth, ushered in by the Macedonian expedition and adorned by the splendid achievements of the Alexandrian school, degenerated into Neoplatonism and imbecility in the fifth, to which the hand of Rome put an end. From the solutions of the four great problems of Greek philosophy, given in each of these five stages of its life, he showed that it is possible to determine the law of the variation of Greek opinion, and to establish its analogy with that of the variations of opinion in individual life. Next, passing to the consideration of Europe in the aggregate, Prof. Draper showed that it has already in part repeated these phases in its intellectual life. Its first period closes with the spread of the power of Republican Rome, the second with the foundation of Constantinople, the third with the Turkish invasion of Europe: we are living in the fourth. Detailed proofs of the correspondence of these periods to those of Greek life, and through them to those of individual life, are given in a work now printing on this subject, by the author, in America. Having established this conclusion, Prof. Draper next briefly alluded to many collateral problems or inquiries. He showed that the advances of men are due to

external and not to interior influences, and that in this respect a nation is like a seed, which can only develop when the conditions are favorable, and then only in a definite way; that the time for psychical change corresponds with that for physical, and that a nation cannot advance except its material condition be touched,—this having been the case throughout all Europe, as is manifested by the diminution of the blue-eyed races thereof; that all organisms and even man are dependent for their characteristics, continuance, and life, on the physical conditions under which they live; that the existing apparent invariability presented by the world of organization is the direct consequence of the physical equilibrium, but that if that should suffer modification, in an instant the fanciful doctrine of the immutability of species would be brought to its proper value. The organic world appears to be in repose because natural influences have reached an equilibrium. A marble may remain motionless for ever on a level table, but let the table be a little inclined, and the marble will quickly run off; and so it is with organisms in the world. From his work on Physiology, published in 1856, he gave his views in support of the doctrine of the transmutation of species; the transitional forms of the animal and also the human type; the production of new ethical elements, or nations; and the laws of their origin, duration, and death.

The announcement of this paper attracted an immense audience to the Section, which met this morning in the Library of the New Museum. The discussion was commenced by the Rev. Mr. Cresswell, who denied that any parallel could be drawn between the intellectual progress of man and the physical development of the lower animals. So far from the author being correct with regard to the history of Greece, its masterpieces in literature—the *Iliad* and *Odyssey*—were produced during its national infancy. The theory of intellectual development proposed was directly opposed to the known facts of the history of man.—Sir B. BROWN stated, he could not subscribe to the hypothesis of Mr. Darwin. His primordial germ had not been demonstrated to have existed. Man had a power of self-consciousness—a principle differing from anything found in the material world, and he did not see how this could originate in lower organisms. This power of man was identical with the Divine Intelligence; and to suppose that this could originate with matter, involved the absurdity of supposing the source of Divine power dependent on the arrangement of matter.—The Bishop of Oxford stated that the Darwinian theory, when tried by the principles of inductive science, broke down. The facts brought forward did not warrant the theory. The permanence of specific forms was a fact confirmed by all observation. The remains of animals, plants, and man found in those earliest records of the human race—the Egyptian catacombs, all spoke of their identity with existing forms, and of the irresistible tendency of organized beings to assume an unalterable character. The line between man and the lower animals was distinct: there was no tendency on the part of the lower animals to become the self-conscious intelligent being, man; or in man to degenerate and lose the high characteristics of his mind and intelligence. All experiments had failed to show any tendency in one animal to assume the form of the other. In the great case of the pigeons quoted by Mr. Darwin, he admitted that no sooner were these animals set free than they returned to their primitive type. Everywhere sterility attended hybridism, as was seen in the closely-allied forms of the horse and the ass. Mr. Darwin's conclusions were an hypothesis, raised most unphilosophically to the dignity of a causal theory. He was glad to know that the greatest names in science were opposed to this theory, which he believed to be opposed to the interests of science and humanity.—Prof. HUXLEY defended Mr. Darwin's theory from the charge of its being merely an hypothesis. He said, it was an explanation of phenomena in Natural History, as the undulating theory was of the phenomena of light. No one objected to that theory, because an undulation of light had never been arrested and measured. Dar-

win's theory was an explanation of facts; and his book was full of new facts, all bearing on his theory. Without asserting that every part of the theory had been confirmed, he maintained that it was the best explanation of the origin of species which had yet been offered. With regard to the psychological distinction between man and animals; man himself was once a monad—a mere atom, and nobody could say at what moment in the history of his development he became consciously intelligent. The question was not so much one of a transmutation or transition of species, as of the production of forms which became permanent. Thus the short-legged sheep of America were not produced gradually, but originated in the birth of an original parent of the whole stock, which had been kept up by a rigid system of artificial selection.—Admiral FITZROY regretted the publication of Mr. Darwin's book, and denied Prof. Huxley's statement, that it was a logical arrangement of facts.—Dr. BEALE pointed out some of the difficulties with which the Darwinian theory had to deal, more especially those vital tendencies of allied species which seemed independent of all external agents.—Mr. LUNBCK expressed his willingness to accept the Darwinian hypothesis in the absence of any better. He would, however, express his conviction, that time was not an essential element to these changes. Time alone produced no change.—Dr. HOOKER being called upon by the President to state his views of the botanical aspect of the question, observed that the Bishop of Oxford having asserted that all men of science were hostile to Mr. Darwin's hypothesis—whereas he himself was favorable to it—he could not presume to address the audience as a scientific authority. As, however, he had been asked for his opinion, he would briefly give it. In the first place, his Lordship, in his eloquent address, had, as it appeared to him, completely misunderstood Mr. Darwin's hypothesis: his Lordship intimated that this maintained the doctrine of the transmutation of existing species one into another, and had confounded this with that of the successive development of species by variation and natural selection. The first of these doctrines was so wholly opposed to the facts, reasonings, and results of Mr. Darwin's work, that he could not conceive how any one who had read it could make such a mistake—the whole book, indeed, being a protest against that doctrine. Then, again, with regard to the general phenomena of species, he understood his Lordship to affirm that these did not present characters that should lead careful and philosophical naturalists to favor Mr. Darwin's views. To this assertion Dr. Hooker's experience of the Vegetable Kingdom was diametrically opposed. He considered that at least one-half of the known kinds of plants were disposable in groups, of which the species were connected by varying characters common to all in that group, and sensibly differing in some individuals only of each species; so much so that, if each group be likened to a cobweb, and one species be supposed to stand in the centre of that web, its varying characters might be compared to the radiating and concentric threads, when the other species would be represented by the points of union of these; in short, that the general characteristics of orders, genera, and species amongst plants differed in degrees only from those of varieties, and afforded the strongest countenance to Mr. Darwin's hypothesis. As regarded his own acceptance of Mr. Darwin's views, he expressly disavowed having adopted them as a creed. He knew no creeds in scientific matters. He had early begun the study of natural science under the idea that species were original creations; and it should be steadily kept in view that this was merely another hypothesis, which in the abstract was neither more nor less entitled to acceptance than Mr. Darwin's: neither was, in the present state of science, capable of demonstration, and each must be tested by its power of explaining the mutual dependence of the phenomena of life. For many years he had held to the old hypothesis, having no better established one to adopt, though the progress of botany had, in the interim, developed no new facts that favored it, but a host of most suggestive objections to it.

On the other hand, having fifteen years ago been privately made acquainted with Mr. Darwin's views, he had during that period applied these to botanical investigations of all kinds in the most distant parts of the globe, as well as to the study of some of the largest and most different Floras at home. Now, then, that Mr. Darwin had published it, he had no hesitation in publicly adopting his hypothesis, as that which offers by far the most probable explanation of all the phenomena presented by the classification, distribution, structure, and development of plants in a state of nature and under cultivation; and he should, therefore, continue to use his hypothesis as the best weapon for future research, holding himself ready to lay it down should a better be forthcoming, or should the now abandoned doctrine of original creations regain all it had lost in his experience."

Progress of Medical Science.

PRACTICAL MEDICINE.

Treatment of Scalds of the Glottis. By DR. J. SLOANE. According to Mr. Wright of Nottingham, who is a surgeon of great experience, tracheotomy in scalds of the glottis almost invariably results in death; and the treatment by leeching, calomel, and antimony, is frequently successful. In the *Medical Times and Gazette*, there was lately published a report of fourteen cases of scalds of the glottis in which tracheotomy was adopted. If we add to these fourteen the case which I have published, and another which occurred about two years ago in the Dispensary of this town, and which ended fatally, we have sixteen cases of scalds of the glottis in which tracheotomy was resorted to, and, of these, no fewer than thirteen ended fatally, and "in one of the cases which recovered, from certain peculiarities in the history, there is quite room for doubt as to whether the boiling water had ever reached the glottis." These facts are in accordance with Mr. Wright's statement, that tracheotomy in scalds of the glottis almost invariably ends in death, and, as far as my observation has extended, the other part of his statement is equally correct, in which he avers that the treatment by calomel, antimony, and leeching is frequently successful. In five of the six cases I publish it was successful, and, I believe, if tracheotomy had not been adopted in the remaining case, it would have been successful in this also. In scalds of the glottis, I believe it is the best course to commence treatment by calomel and antimony as soon as the accident has happened, although dyspnoea may not be present, and to continue the treatment for forty-eight hours, gradually diminishing the doses for the last twenty-four hours. By the early adoption of the treatment the dyspnoea may be prevented, or at least mitigated; at all events no harm is likely to ensue from this course.—*British Med. Jour.*

Stearate of Iron.—DR. CALVI states, in the *Union Médicale* for May 5th, that M. Ricord has successfully employed a plaster of stearate of iron as a dressing for phagedenic ulcers of the thighs in a syphilitic patient, which had resisted all previous treatment. A comparative trial was made with this preparation and coal-tar; and the former was found to be by far the most efficacious. Stearate of iron is made in the following way:—Take of sulphate of iron, one part; soap, two parts. Dissolve the sulphate of iron and the soap in water separately. On adding the solutions to each other, a greenish white precipitate is obtained; this is dried, and melted at a temperature of from 175° to 190°; essence of lavender (40 per cent.) is then added, and the whole is stirred until it cools. A plaster can be formed by gently melting it and spreading it on linen.—*British Jour.*

Hypodermic Injection of Morphia; by J. K. SPENDER, Esq.—A due discrimination of cases ought to be made for

this plan of treatment. To practise it in every example of neuralgia would be unwise and useless; for nerve-disorder often depends upon such trivial causes as an error of digestion or over-fatigue, and vanishes spontaneously when the exciting agent is removed. The cases in which success can most probably be hoped for are those in which the system has been long worn by pain, and in which a general spasmodic condition exists. The administration of morphia in the hypodermic method appears then to act as a narcotic shock, which powerfully and almost instantaneously soothes the whole nervous system, and destroys the local hyperæsthesia. Sometimes this result is permanent, sometimes not, according to the permanent or temporary agency of the causes of the disorder. But however short the interval of ease, it ought to be very welcome; for I believe that the great hindrance to our successful treatment of neuralgia has been our obstinate theorising about its etiology. While we are busy in classifying our supposed *materies morbi* (no classical phrase ever exercised so complete a tyranny over us), and are applying our chemical and dynamical drugs accordingly, we are apt to forget the simple clinical fact that a human being lies in agony by our side, and supplicates relief for that one symptom—*pain*. Let us, if we can, first utterly overwhelm and abolish this pain; perhaps it will never return; but at all events, when our patient is in a grateful stupor, there will be time to philosophise about the origin of the malady which we are called upon to subdue.—*British Med. Jour.*

On the Influence of Belladonna on the Pneumogastric Nerve. By RICHARD HUGHES.—That belladonna has such an influence will farther appear from a consideration of its effects on disease. Hooping-cough and asthma are admittedly spasmodic affections, in which irritation of the pneumogastric nerve is at the bottom of the phenomena: and both of these affections are singularly under the control of belladonna and its congeners. Stramonium is the favorite remedy in asthma; and the use of belladonna in hooping-cough is becoming more and more general. In the former case, we have the evidence of direct experiment for our theory. Galvanisation of the pneumogastric has been found by Valentin to produce constriction of the trachea and bronchial tubes; while on the other hand, in animals poisoned by belladonna and stramonium, these tubes have been found lax, and have refused to contract under the strongest stimuli (Watson's *Lectures on Physic*, 4th ed., vol. ii., p. 358, 363). Lately, moreover, an enterprising French surgeon has attempted and (apparently) achieved the cure of asthma by injecting a solution of atropine upon the pneumogastric nerve in the neck (*Medical Times and Gazette*, Nov. 26, 1859). Another affection in which belladonna has been found very beneficial, and in which the pneumogastric is the seat of irritation, is obstinate spasmodic vomiting. A patient was suffering from cancer of the pylorus; the usual incessant vomiting took place. Belladonna was given, and it ceased. After death the stomach was found lax and enormously distended. Mr. Amesbury tells me he once had a case of obstinate vomiting in pregnancy. All the usual remedies failed; at length he tried belladonna, with complete success. Here again, as the pneumogastric is the motor nerve of the muscular coat of the stomach, a sedative influence exercised by the belladonna upon this nerve will explain the phenomena.—*British Jour.*

Treatment of Chronic Myelitis. By Dr. BROWN SEQUARD.—In the beginning of the treatment of chronic myelitis, we usually employ ergot of rye alone internally, and belladonna externally in a plaster applied to the spine, over the painful spot. The dose of ergot, when the powder is used, which is almost always the case, is at first two or three grains twice a day; gradually the dose is increased until it reaches five or six grains twice a day; and in a few cases we have given eight grains twice a day. We do not think it is necessary to make use of the very large doses employed by M. Payan. The belladonna plaster applied to the spine must be a very large one, four inches wide, and six or seven

inches long. If there is no amelioration in a few weeks, we give the extract of belladonna internally in doses of a quarter of a grain twice a day.—*Lancet*.

Functional Spasm.—M. Duchenne (de Boulogne), well known by his indefatigable researches on the subject of nervous disorders, has lately described, under the double name of *functional spasm and functional muscular paralysis*, an affection, which though often noticed in a vague way by most clinical observers, had never been seriously studied by pathologists. The conditions which are implied in the name of this disorder are not permanent, or at all events are not permanently prominent, requiring for their reproduction or manifestation the exercise of some special function, of which they then impede the progress. The commonest form of this affection is that called the "scrivener's cramp," and the seat of the spasm or paralysis is in one or more of the fingers, which either curl up, or may become so powerless as to cause the writer to drop his pen—this condition being often observable after a few strokes of this implement, and consequently wholly unconnected with fatigue or nervous sur-excitation. Other muscles besides those of the hand and arm are also found to be liable to this affection—e. g., the sterno-mastoids, the abdominal muscles, and also those of the shoulder. It is, according to M. Duchenne's observation and experience, generally incurable, and out of thirty-five cases treated by cutaneous Faradization, only two were benefited, and no amelioration whatever was noticed in the remaining thirty-three.—*Lancet*.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON SURGERY.

DR. JAMES R. WOOD, President.

RESECTION OF JOINTS.

E. KRACKOWIZER, M.D., read a paper on Excision of Knee-joint.

He first considered the indications of this operation in arthroace, drawing a distinction between the cases in which excision might be practised and those in which amputation ought to be performed. Too little is yet known of this operation in *recent injuries* of the joint to pass a final opinion. But when we consider that Strohmeier in the war between Denmark and Sleswig-Holstein, in gunshot-wounds of the knee, found the mortality without operation seventy-nine per cent., and with amputation sixty per cent., we should seem justified in giving a systematic trial to an operation, which if it succeeds not only saves a life but also a limb, whereas amputation, which to save a life sacrifices a limb, shows a mortality of sixteen per cent. In Paris, at the time of the street fights in 1848, the mortality was seventy-three per cent.

Excision of the Knee-joint has been made in four cases of secondary luxation of the tibia, after every trace of inflammation had passed away for a long time—Ried in Germany, Thomson and Pemberton in England, and Gurdon Buck in America. In these three cases it was perfectly successful. For *badly united fracture of the patella*, and consequent uselessness of limb, it was performed once by Dr. Humphrey with good result.

As the operation originated in England, so its revival in that country by Fergusson has induced many to give it a trial, and all the leading surgeons are in its favor, if we except Syme whose opposition to it has the character nearly of idiosyncrasy. Bryant gives it a very qualified approval, and the discussion in the *Medico-Chirurgical Society* of London, on P. M. Humphrey's paper, showed Holmes,

Coote, Skey, and Tamplin as rather decided opponents.

In France the operation has never attracted much attention, if we except Moreau sen. and jun.; and since Roux's case terminated fatally in 1816, it has been forgotten. A discussion in the *société de chirurgie*, November 3 and 10, 1857, revealed an entire ignorance of its merits on the part of such men as Robert, Larrey, Broca, Marjolin, and Maisonneuve. Follin and Giraldès vindicated the operation on the strength of statistics of English authors.

In Germany the operation has been ignored by the majority of surgeons. Still it was the only country in which, after the great authority of Syme had stricken it from the list of operative proceedings in England, it was practised; the operators were Ried, Fricke, Textor, sen. and jun., Günther, Heyfelder, Roser, Knorre, Bruns, Heußler, Demme, and Adelman. But it was the impulse given by the English surgeons, from the time Fergusson took it up again in 1850, that led the present generation of German surgeons to give it a fair trial, and B. Langenbeck, Ried, Esmarch, Billroth, Streubel, and Schillbach, are its able advocates, while Günther, Roser, and Pauli, have not yet retracted the sentence of condemnation which they pronounced a few years ago against this surgical heresy.

The *objections* which are urged by the adversaries of the operation are:—

1st. That it makes a very large wound. It has been proved by Fergusson against Syme, that the wound after the excision of the knee-joint, is actually smaller than after amputation of the thigh. Besides, no main arteries or nerves are wounded.

2d. That the duration of the healing process is tedious. In very many cases, the greater majority in fact, consolidation takes place after two months, and after all it is not so very rare that partial necrosis of the amputated femur, and long suppuration from burrowing of matter, take place, after amputation.

3d. *Uselessness of the Limb.*—There are indeed cases known, where only ligamentous union has taken place, or where the carious process in the resected bones continued, so as to oblige amputation. Amputation has been resorted to twenty-one times, but the ratio of mortality is not higher than if excision had previously never been made. As for ligamentous union only, a very short one does not impair the usefulness of the limb, and the unsteadiness from ligamentous union can be remedied by strong kneecaps (Pemberton). But putting aside this palliative, a radical cure may reasonably be expected by a repeated resection, in which case the danger from the second operation could not be greater than if we operate for imperfect union after a fracture.

4th. *Disparity of Growth in Young Subjects.*—This is a very weighty objection, and cases enough are known (Syme, Pemberton, Keith) to prove, what from anatomical and physiological theories might be expected, a very serious arrest of growth, if the operation had been performed in children. More observations, and more experiments on animals (such as were instituted by A. White, Vermandois, Wachter, Heine, and Wagner) are required to settle this point.

5th. *The Great Mortality.*—The greatest number of operations having been performed in England, we can compare the mortality in amputations of the thigh in England with the mortality of all (to me) known cases of excision of the knee-joint.

Of patients suffering amputation through the thigh for gonarthroace 18.2 per cent. in Guy's Hospital; in University College Hospital 20.5 per cent. In the London hospitals during 1855, 1856, and 1857, 169 amputations were performed, with 38 deaths, or 22.5 per cent. (*Teale*.) During the same time in the British provincial hospitals 134 amputations gave 33 deaths, or 24.7 per cent. (*Teale*.)

The number of cases of excision of knee-joint which I have collected give the following result. The table closes

with 1858 for England, 1859 for Germany, and April, 1860, for America:—

England, 166 cases, 34 deaths, 19 subsequent amputations. France, 4 cases, 3 deaths.

Holland, 1 case, 1 death.

Germany, 49 cases, 21 deaths, 2 subsequent amputations.

United States of America, 13 cases, 4 deaths, 2 under treatment, with prospect of recovering a good limb.

Total—233 cases, 63 deaths, 21 subsequent amputations.

AMERICAN SURGEONS.	RESULT.
R. A. Kinloch, Charleston, S. C.,	good limb.
Gurdon Buck, New York,	"
Joseph Pancoast, Philadelphia,	"
Brainard, Chicago,	"
J. M. Minor, Brooklyn, N. Y.,	"
Wm. H. Van Buren, New York,	"
Willard Parker,	died.
James R. Wood,	good limb.
L. A. Voss, New York, under treatment, firm bony union, patient walks, necrotic bone to be touched through several sinuses.	
E. Krackowizer, New York, died.	Child two years of age.
E. Krackowizer,	pretty firm union after eight weeks, carious bone in the middle.
A. B. Mott, New York, died of pyæmia.	Amputation.
L. A. Sayre,	died after two weeks of tubercular meningitis, local reparative process excellent.

Dr. Willard Parker has since had a successful case. It is said that Dr. Cooper, of San Francisco, California, has operated several times, of which I have no definite information.

The ratio of mortality in excision of knee-joint is therefore 27 in 100. If the subsequent amputations should be counted, the ratio of failures would be 36 in 100. But it is hardly fair to count those, because, as before mentioned, the mortality after amputation, where previous excision of knee-joint had been made, is not greater than where amputation for disease of the knee-joint is performed without any previous attempt to save the limb. There are six cases known where from ligamentous union the limb was greatly impaired, or next to nothing. As an offset for this imperfect result, we may count those cases on the side of amputation, where a badly formed stump, frequent ulceration of the cicatrix, and neuralgia, cause serious inconvenience, and even danger to life and health. It must also be noticed, that the foregoing table includes all known cases, from the infancy of the operation to its present high degree of perfection. It will be readily conceded, that in this respect it is now put on equal terms with amputation, whose technicism and after treatment has, it may be said, almost reached the top of perfection. But granted that statistics of mortality should always pronounce to a limited degree in favor of amputation, it must be maintained, that for the possibility to secure a natural limb, although stiff from the hip to the ankle-joint, the surgeon may subject his patient to a little greater risk than he runs when the limb is sacrificed.

The operation is generally not a difficult one, but it may become so, when the leg is flexed in a very acute angle on the thigh, and at the same time rotated outward. There is no necessity of a particular saw, as recommended by Butcher. One of the greatest improvements in the operation he considered the *wiring* together of the femur and the tibia, as it facilitates immensely the after treatment, and prevents some of the unpleasant accidents after the operation, for example the tendency of the lower end of the femur to project forward and outward.

As one of the great troubles in after treatment originates from the burrowing of matter, it would be worth while to consider the propriety of making, at the time of the operation, a counter-opening in the popliteal space, to lead the matter off the most direct way, and prevent its stagnation.

The after treatment is of more importance than in the resection of any other joints. The limb ought to be well secured in an apparatus which will allow as much as possible the dressing of the wound, without disturbing the position of the limb. If one of the two great points in the treatment of complicated fractures (and in this category an extremity with a resected joint must be put)—rest and cleanliness—after excision of knee joints, has the precedence before the other, it is rest. Better to have the dressing inundated with matter, and merely wipe it off, as far as access is permitted, than be over nice, and take up the limb every time the dressing is soiled. The apparatus in which the limb is placed should therefore be so constructed, that the region of the resected joint should be accessible to inspection and manipulation. He had constructed his apparatus after the one which he had seen used by Dr. J. M. Minor, of the Brooklyn City Hospital. On an iron frame, with a movable foot-board, was attached one metallic band for the support of the thigh, and another one for the leg, leaving an interstice for the region of the knee, thus giving excellent access to the operated parts. The only objection was, that it left the resected parts without sufficient support. He had therefore added a middle-piece, which, when dressing was required, would be removed, without disturbing the rest of the apparatus. The apparatus ought to be very wide and deep, so as to allow of liberal supply of soft lining, as the intention is to disturb the rest of the limb as little as possible. Nothing answers better to keep the limb in absolute rest than filling the intervals between the apparatus and the limb, and covering the last with small sandbags, as advised by Mackenzie. If the apparatus swings from a fixed point above the bed, it not only adds to the comfort of the patient, but facilitates the labor of the surgeon in dressing.

All the accidents which may spring up in the course of the treatment, are those common to resections and amputations, and must be met according to the general rules of surgery, modified by the exigencies of the locality of the operated parts.

STATED MEETING, SEPT. 5th, 1860.

JOHN WATSON, M.D., President in the Chair.

A NEW REMEDY FOR TÆNIA.—TREATMENT OF MALARIOUS FEVERS IN CEYLON, &c.

DR. J. G. ADAMS presented to the Academy a specimen of the seed of the Myrzina Africana sent by Dr. Bore of the Union Dispensary, Alexandria. The article is used very extensively by the natives of Upper Egypt for the extermination of tape-worm. The seed is finely powdered, and from 3 iv. to 3 j. given for a dose, mixed in a little water. This is taken early in the morning before the usual time for evacuating the bowels. In the course of an hour after, a large dose of castor-oil is administered.

DR. WARD, of the Ceylon Mission, by invitation, next referred to the manner in which he treated the malarious fevers in Ceylon. At the commencement of the cold stage, from 3 ss–3 of spirits of turpentine was given with a sufficient quantity of castor-oil to act as a cathartic. Experience had taught him to rely upon this plan of treatment in preference to all others. The remedy was repeated every succeeding cold stage, and he had frequently found that no other treatment was required.

DR. H. G. DAVIS, by invitation, read an elaborate paper on "*Diseases of the Joints*," in which he set forth the necessity for extension and motion in the treatment of those affections.

DRS. SAYRE, WATSON, KRACKOWIZER, and ADAMS, made a few remarks in relation to the subject of the paper, after which, on motion of Dr. Post, the whole was referred to the Section on Surgery.

There being no other business of importance to transact, the Academy then adjourned.

Correspondence.

A REGISTRY OF BIRTHS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The law of this State, requiring the registration of births, unlike a similar act in regard to the recording of deaths, which for cities has, in many respects, proved successful, is necessarily a failure. Its first object, to exhibit the total number of births, it can never fulfil. The returns do not even approximate to the truth. To put this fact beyond question, and especially as concerns this city, we present the following figures from the City Inspector's Reports:

Recorded total	No. of births in 1854, 17,979;	correct total of Deaths, 28,568
"	" " 1855, 14,145	" " " 23,642
"	" " 1856, 16,199	" " " 21,658
"	" " 1857, 18,427	" " " 23,833
"	" " 1858, 13,340	" " " 23,694

According to all medical authorities, there unquestionably were more births than deaths during the year above-mentioned. To account for the very imperfect result just indicated, which proves, as intimated above, the absolute inutility of the existing statute upon the subject, several reasons can be assigned. The first is, a large class of confinements take place without any male or female professional attendant present, and of these no information reaches the registration office; second, the greater proportion of midwives, who officiate in numerous instances, either do not know how to read and write, or so imperfectly, as to be unable to report, consequently all births of their attendance are unrecorded; third, accouchements by medical students, which yearly amount to several hundred, are never communicated to the registering department; and fourth, very many physicians utterly refuse to comply with the law, most of whom deny the right of the public to ask statements of the extent of their obstetrical business.

Reports, which corroborate the foregoing representations, and conclusively establish the worthlessness of our present system, have been presented to the American Medical Association and the Sanitary Convention, the latter of which papers, by implication, recommends the advocacy of the passage, in other States, of a law similar to that of Rhode Island. The law alluded to is as follows:

"OF BIRTHS. Sec. 5. It shall be the duty of the clerk of each of the towns, annually, in the month of January, to collect the facts required by section third of this chapter, in relation to all children born in the town during the year ending the thirty-first day of December next preceding, and for each full report of a birth so obtained the clerk shall receive ten cents, to be paid by the town in which the birth is recorded."

This plan Boston and Providence have alike modified, so that a census is taken semi-annually of all children found within their respective city limits born in the course of the preceding six months. After a thorough trial, an opinion of the highest authority has been advanced, that "this is the only feasible method for obtaining returns of births in the cities of this country, with any approach to completeness."

With such an assurance, let us hope the medical profession throughout the Union will not wait for further data upon this subject, but will exert themselves to secure the general adoption and application of the rule in question.

WILLIAM B. BIBBINS, M.D.

NEW YORK, Sept. 8, 1860.

ARMY SIGNALS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Major Albert J. Meyer, of the United States Army, has just been ordered to New Mexico. You know proba-

bly that he was a Surgeon in the army, but having invented a system of signals for the use of the army he was promoted to the rank of major, and made signal officer. This made it necessary that he should resign his commission in the medical staff. No system of signals has ever been employed in the army, either in this country or in any other, so far as I know, except, perhaps, among the American Indians—who employ for their purpose beacon fires and various other similar contrivances. The subject of Dr. Meyer's thesis for graduation (which thesis was published in the *Buffalo Medical Journal*) was "*Sign Language for Mutes*." It was an excellent and original paper. His attention has been directed to this subject for a long time. Indeed, when a boy, and before he studied medicine, he was for a time a telegraph operator. Under the auspices of the government he has been prosecuting his discoveries in this direction for several years; and by the last Congress a sum of money was appropriated for this new department at the head of which he is placed. He employs two sets of signals, one for the night, lighted flambeaus of a peculiar and very ingenious construction, and another for the day—white and blue flags. If the air is clear these signals may be seen with a good glass, a distance of fifteen miles. This is equally true of the night signals as of the day.

It is certainly remarkable that until now a complete system of signalling has never been introduced into the army, its utility being so manifest. If Napoleon had had a means of signalling Grouchy he might have saved his army on the field of Waterloo; and if the Emperor of Austria could have signalled his reserves, only four miles off—at Solferino—the result of that day might have been wholly changed.

H. F.

BROOKLYN, Sept. 10, 1860.

DOMESTIC CORRESPONDENCE.

CHICAGO.

September 6, 1860.

WE receive regularly the *Medical Times*, the first weekly medical journal which we read, and must confess we begin to feel an interest in it which our previous notions concerning a weekly issue had not led us to anticipate. We occasionally receive it on the Tuesday following its publication; more often, however, on the last of the following week. The Hospital Reports, the Proceedings of the Pathological Society, the New York Academy of Medicine, and Medical and Surgical Societies, are generally full of interest to us. The discussion on diphtheria by the last named society has considerably enlightened our views on that subject, and afforded us some consolation, inasmuch as we see you have not saved all your cases any more than ourselves. It has prevailed here to a moderate extent only, but sufficiently so to demonstrate clearly enough that its most severe form is a very unmanageable affection, and seldom yields to any kind of treatment. Our city, with its one hundred and thirty thousand inhabitants, and three hundred physicians, may be regarded as a model of good health, if the past four years are to be taken as the standard. During this time the city has been entirely exempt from epidemics of all kinds, with an unusually small amount of those common disorders which prevail everywhere among all classes and conditions. The profession, though doubtless not as well off in a pecuniary point of view, have, by this very drouth of business, been the more active in self-culture, in reviewing their primary studies, in reading up new works, and becoming generally better posted, in establishing societies and colleges, and getting up a little healthy active rivalry and competition, which will prove of infinitely more value to them in the end. It is to be regretted that the profession everywhere are not a little more harmonious, and do not exhibit a little more brotherly love

and affection towards each other; but it is a source of pleasure to know that even these distractions and differences all work together for good, and stimulate us as nothing else can to greater effort and more strenuous labors to advance the cause of medical science. The drones in our profession can be reached in no other way, so that, although we should not encourage an envious feeling in the great body, a little healthy local action of this kind is a positive benefit. Chicago claims to be, and we think is, the great commercial metropolis of the Northwest, occupying the same relative position to the surrounding country in respect to trade and commerce that New York does to the eastern world. We also claim for it the great central metropolis of science and arts for the same region of country, and if we are to judge on this question from the number of universities and colleges, literary, theological, and medical, it cannot certainly be otherwise. Its literary institutions are numerous, enjoying a large amount of confidence and fair degree of patronage. In medical affairs we have two medical colleges, three well arranged hospitals, two medical journals, and two regularly organized medical societies. We believe the student of medicine will here find every facility in the pursuit of his studies, and the practising physician sufficient to stimulate and keep him thoroughly acquainted with the advances daily made in our profession. The oldest medical school in this city is the Rush Medical College, organized in 1843, and successfully operated since. The whole number of students and graduates of this institution amounts to, Students 1710, Graduates 505. It is conducted on the same plan as your eastern schools, having a preliminary course in the fall, a regular course during the winter, and summer course during the spring and summer months. The students attending this school enjoy the clinical advantages of the City and U. S. Marine Hospitals. The other medical school is yet in its infancy, last winter being the first regular session. It is organized under the charter of the Lind University, a literary institution also of recent growth. It is conducted on an entirely different plan from any medical college we know of, having a larger corps of professors, and longer term. The college term is divided into a junior and senior department, the junior department intended for students attending their first course, and embracing lectures on descriptive anatomy, physiology and histology, materia medica, pathology and public hygiene, and inorganic chemistry; the senior department, intended for students attending their second course, and embracing lectures on surgical anatomy, organic chemistry, practical medicine, surgery, and obstetrics, with diseases of women and children. An attendance on one course in each department is all the college instruction necessary to entitle the student to become a candidate for graduation. The students attending this school enjoy the clinical advantages of the Hospital of the Sisters of Mercy.

The oldest medical society in this city is what is now called the Chicago Medical Society. It was organized in 1852, under the name of the Cook Co. Med. Society. It now numbers about fifty members, holds regular monthly meetings, and is generally well attended. The other medical society was organized in 1859, has forty members, is called the Chicago Academy of Medicine, and is arranged and worked on the same plan as the New York Academy of Medicine. The oldest medical journal issued in this city is the Chicago Medical Journal, which has undergone several changes in its editorship and name since its first issue in 1845, or thereabouts. The Medical Examiner is the name of the other medical periodical published here, which is not quite one year old. Both are monthly publications, and circulate principally in the Northwest. We just begin to see the premonitory symptoms of an active winter's campaign in the schools, the societies begin to show more signs of life, and the hospitals to fill up with interesting cases. When the fall term arrives, the posts all assigned, and the work begins in real earnest, we will give you some of the details; also have something more to say about our hospitals, the annual report of one having been recently published, which will admit of comment.

PILULA.

Medical News.

ARMY INTELLIGENCE.

USHER PARSONS, M.D., of R. I., a Surgeon in the war of 1812, was to be present at the Perry Monument Celebration at Clarendon, September 10th, when the battle of Lake Erie was to be represented by a mock engagement.

BARNES.—Surgeon J. K. Barnes has been ordered to repair, on or about the first of October, 1860, to the Head Quarters of the Department of Oregon, and report for duty to the Commanding Officer.

KEENEY.—Surgeon C. C. Keeney has been relieved from duty in the Department of California, and ordered to repair to the Head Quarters of the Department of Oregon and report for duty to the Commanding Officer.

HADEN.—Leave of absence for thirty days has been granted to Assistant Surgeon J. M. Haden, Medical Department.

HOLLENBUSH.—The leave of absence heretofore granted to Assistant Surgeon C. G. Hollenbush has been extended until March 1, 1861, for the benefit of his health.

NAVY INTELLIGENCE.

GRAFTON—J. D., Assistant Surgeon, has been ordered to the Receiving ship North Carolina, at New York.

LYNCH—A. M., Passed Assistant Surgeon, has been ordered to the Navy Yard, at Philadelphia.

McCLENAHAN—Wm. F., Surgeon, has been ordered to report for duty, at the Navy Yard, Washington, on the 1st of September, to relieve Surgeon George Clymer.

RUSCHENBERGER.—Surgeon W. S. W. Ruschenberger, ordered to the Susquehanna, as fleet surgeon of the Mediterranean squadron, was detached from that vessel on her departure for the Gulf, and is waiting orders.

ADDISON.—Surgeon S. R. Addison died on the 28th ult., at the Naval Hospital, Chelsea.

GIBSON.—Assistant Surgeon John J. Gibson has been ordered to report for temporary duty at the Naval Hospital, New York.

WHELAN.—Surgeon Whelan, chief of the Bureau of Medicine and Surgery, has been ordered on a tour of inspection, and will visit the Naval Hospitals and sick quarters between Norfolk and Portsmouth, New Hampshire.

WE are authorized to state that the rumor of the resignation of Prof. WILLARD PARKER, in the College of Physicians and Surgeons, is destitute of truth.

OPERATION OF IRIDECTOMY ON SIR B. BRODIE.—Public allusion to a subject in which the profession naturally take a deep interest renders a longer silence on our part impossible, and it becomes our duty to let our readers know that the operation of iridectomy was performed on both Sir Benjamin's eyes on July 12. His sight had been failing since Christmas last, but was not painfully defective until the completion of his 78th year in June. About that time vision became rapidly more and more impaired, especially in the left eye. Up to this time the disease had been regarded as senile cataract, more advanced in the left eye than in the right, but after the return of Sir Benjamin from the meeting of the British Association at Oxford, the defective vision was ascribed to glaucoma. Iridectomy was performed under chloroform. We deeply regret to say that the result is not so satisfactory as the paragraph in the *Times* might lead the profession to hope. The left eye we believe to be much in the same state as before the operation—if anything slightly improved; but in the right, or better eye, vision is quite lost. The great ground of hope in this case is that as there is now a cataract very evident in the right eye, this is the cause of the impaired vision,

that the eye is not glaucomatous, and that hereafter vision may be restored by extracting the cataract. We have not alluded to this subject before, as it is to some extent a private matter; but the whole profession have so filial an interest in all that relates to the respected President of the Royal Society and of the Medical Council, that all have a right to know as much as is freely talked about in the medical coteries of the metropolis—especially at the present time when a comparatively new operation like iridectomy is on its trial.—*Med. Times and Gaz.*

EPIDEMIOLOGICAL RECORD.

HEALTH OF NEW YORK, DR. WM. B. BIBBINS, of the Demilt Dispensary, writes, Sept. 12.—This city has not experienced a more healthy summer, than that just passed, for many years. It may, unquestionably, be called "the healthy summer." The proportion of acute to chronic cases of disease has been much less than during the most favorable previous corresponding seasons. Cholera infantum, diphtheria, and scarlet fever have prevailed but in a very limited degree. As might be expected in view of the exemption from morbid agencies during the preceding hot months, the smallest comparative number of cases of illness are reported at present date.

EXTREME HEAT has been experienced in several of our western cities. At St. Louis, Mo., during the week ending July 23d, the thermometer ranged from 100 to 106 degrees in the shade. On Saturday, the 21st, it rose to 107 degrees, about 20 degrees hotter than it was at the same time in this city, where it was quite too hot for comfort.—*Cent'y.*

HEALTH OF NEW ORLEANS.—Through the public prints the world has been told that yellow fever is amongst us. Let us look at the official reports. For the week ending July 22d, one more death is reported. For the week ending July 29th, one more death is reported. For the week ending Aug. 5th, three deaths are reported. Thus, yellow fever would seem to have been in our midst for four weeks; and yet, during that time, and right in midsummer, with a sun shining hotter than ever was felt by "the oldest inhabitant," it does not increase, and fails to make its appearance in the Charity Hospital. But more than this, at this present moment, Aug. 15th, we have before us the mortality report for the week ending Aug. 12th, wherein is found the report of one death from yellow fever; showing an actual diminution of the mortality. With due deference, then, for those physicians who think they have seen the disease this season, we must be allowed to say that we do not believe there has been a single case of the disease. Old practitioners, of the highest respectability, and in full practice, tell us they have not seen a case; there has not been one in the Hospital (that sure index of the city), and the history of those cases said to have occurred, in their manner of appearing, carries conviction to our mind. A word about sunstroke and apoplexy. All our readers know that throughout the South this has been the hottest summer known. New Orleans has been the recipient of her full share of solar heat, and we find it recording itself in the mortality list. Beginning on the 1st of July, we find the deaths by sunstroke set down weekly as follows: July 8th, 7; 15th, 42; 22d, 4; 29th, 4; Aug. 5th, 2. At same time the deaths from apoplexy were as follows: July 8th, 12; 15th, 40; 22d, 3; 29th, 7; Aug. 5th, 3. Now, any one who has ever paid the slightest attention to the mortality statistics of our city; who, at the same time, will recollect the very loose manner in which diagnoses are made and recorded by medical men; and who will not forget that apoplexy is really a comparatively rare disease, will readily agree with us that far the greater number of cases recorded as apoplexy were really sunstroke; and we may safely say that for the week ending July 15th, between seventy-five and eighty cases of sunstroke occurred! Comment is unnecessary. Such extreme heat must have been felt to be appreciated.—*N. O. Hospital Gazette.*

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 1st day of September to the 8th day of September, 1860.

Deaths.—Men, 84; women, 94; boys, 189; girls, 147—total, 514. Adults, 178; youths, 8; children, 328; males, 273; females, 241; colored, 12. Infants under two years of age, 247. Among the causes of death we notice:—cholera-infantum, 79; cholera-morbus, 6; congestion of brain, 5; infantile convulsions, 21; diarrhoea, 13; dysentery, 10; scarlet fever, 21; typhus and typhoid fevers, 12; whooping-cough, 6; inflammation of brain, 8; of bowels, 9; of lungs, 8; of throat, 12; measles, 10; small-pox, 7; phthisis, 59; dropsy of head, 15; infantile-maremmus, 48. Classification:—brain and nervous system, 82; respiratory, 117; digestive, 182.

The number of deaths compared with the corresponding weeks of 1858 and 1859, and of last week, was as follows:—

Week ending Sept. 11, 1858.....	538	Decrease.....	74
" " Sept. 10, 1859.....	558	" ".....	44
" " Sept. 1, 1860.....	524	" ".....	10

SEPT.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb. Therm.		General direction of Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	In.	In.	°	°	°	°	°		0 to 10	In.
2d.	30.11	.14	57	70	68	12	16	N. by W.	0	
3d.	30.15	.04	56	71	64	12	16	N. by W.	0	
4th.	30.14	.03	67	75	72	9	14	S. by W.	1	
5th.	30.07	.10	68	82	75	8	11	S. by W.	5	.008
6th.	30.01	.04	68	83	76	7	10	S. by W.	3	
7th.	29.97	.10	74	86	75	7	11	S. by W.	3	
8th.	29.81	.17	70	88	75	6	10	W. by N.	6	.16

REMARKS ON THE WEATHER.—The first two days of the week very pleasant, and the others sultry. The wind was generally calm, A.M. light, P.M. The first appearance of the Autumnal "Auroras" was on the evening of the 5th. With an unclouded moon in the East a broad column of yellowish white light extended for several hours from the margin of the Western horizon to the zenith. The week concluded with light rain, A.M., a hard shower 3 P.M., and a change to cool weather at midnight.

MEDICAL DIARY OF THE WEEK.

Monday, Sept. 17.	{ CITY HOSPITAL, Surgery, Dr. Watson, half-past 1 P.M. BELLEVUE, Obstetrics, Dr. Taylor, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Sept. 18.	{ CITY HOSPITAL, Surgery, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. BELLEVUE HOSPITAL, Dr. Elliot, half-past 1 P.M.
Wednesday, Sept. 19.	{ EYE INFIRMARY, Operations, 12 M. CITY HOSPITAL, Medicine, Dr. Bulkley, half-past 1 P.M. BELLEVUE, Surgery, Dr. Meir, half-past 1 P.M. ACADEMY OF MEDICINE, 8 P.M.
Thursday, Sept. 20.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Surgery, Dr. Watson, half-past 1 P.M. BELLEVUE, Medicine, Dr. Thomas, 12 M.
Friday, Sept. 21.	{ CITY HOSPITAL, Surgery, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. SURGICAL SECTION at Dr. J. R. Woods, 8 P.M.
Saturday, Sept. 22.	{ BELLEVUE, Surgery, Dr. Mott, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Medicine, Dr. Bulkley, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

SPECIAL NOTICES.

ORDER OF LECTURES IN THE PRELIMINARY COURSE OF THE UNIVERSITY MEDICAL COLLEGE.

Monday.	{ Dr. THOMAS, Medicine, 11 A.M. Dr. AXLETT, Physiology, 12 A.M. Prof. BEDFORD'S Clinique, Dis. of Women, 2½ P.M.
Tuesday.	{ Prof. DRAPER, Poisons and their Tests, 11 A.M. Dr. GOULEY, Micros. Anat., 12 A.M.
Wednesday.	{ Dr. DONAGHE, Vener. Disease, 11 A.M. Dr. AXLETT, Physiology, 12 A.M. Dr. THOMAS, Med. Clinique, 2½ P.M. Prof. VAN BUREN, Genito-Urinary Organs, 3½ P.M.
Thursday.	{ Prof. DRAPER, Poisons, 11 A.M. Dr. GOULEY, Micros. Anat., 12 A.M.
Friday.	{ Dr. THOMAS, Th. and Pr. of Medicine, 11 A.M. Dr. GOULEY, Micros. Anat., 12 A.M.
Saturday.	{ Prof. POST, Surgical Clinique, 11 A.M.

Shelby Medical College, Nashville, TENNESSEE.

SESSION OF 1860-61.—THE THIRD REGULAR COURSE OF LECTURES in this Institution will commence on the first Monday in October, 1860, and continue till the first of March, ensuing.

FACULTY.

DANIEL B. CLIFFE, M.D., Professor of Descriptive and Surgical Anatomy.
THOMAS L. MADDIN, M.D., Professor of Principles and Practice of Surgery.
DANIEL F. WRIGHT, M.D., Professor of Physiology and Pathology.
JOHN H. CALLENDER, M.D., Professor of Materia Medica and Therapeutics.
HENRI ERNI, M.D., Professor of Medical Chemistry and Medical Jurisprudence.
J. J. ABERNATHY, M.D., Professor of Theory and Practice of Medicine.
JOHN P. FORD, M.D., Professor of Obstetrics and Diseases of Women and Children.
H. M. COMPTON, M.D., Demonstrator of Anatomy.

FEES.

Amount of fees for Lectures,	\$105
Matriculation fee (paid but once)	5
Demonstrator's fee,	10
Graduation fee,	25

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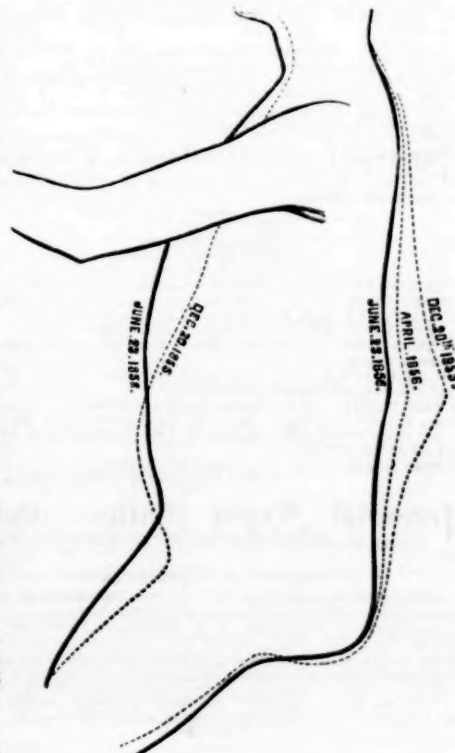
Henry J. Bigelow, M.D., Prof. of Surgery, Harvard University; George Hayward, M.D., Ex-Prof. of Surgery, Harvard University; Winslow Lewis, M.D., Boston, Mass.; J. V. C. Smith, M.D., Boston, Mass.; John W. Warren, M.D. Boston, Mass.; Willard Parker, M.D., Prof. of Surgery, College of Physicians and Surgeons, New York; John T. Metcalfe, M.D., Prof. of Institutes and Practice of Medicine, University of New York; Stephen Smith, M.D., Surgeon to Bellevue Hospital, New York; George Marvin, M.D., Brooklyn, N.Y.; H. I. Bowditch, M.D., Boston, Mass.; Samuel W. Thayer, Jr., Prof. of Anatomy in the University of Vermont.

The engraving is a description of a case which I was called to attend in December, 1855: Boy nine years old, son of Dr. —, New Bedford, Mass. Scrofulous diathesis; extremities powerless; form emaciated. The adjoining are the appearances presented by the spine at various dates of my attendance.

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Fifty-fourth Session—1860-61.

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ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry & Botany.
JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.
ROBERT WATTS, M.D., Professor of Anatomy.
WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER R. GILMAN, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.
ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
JOHN C. DALTON, Jr., M.D., Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARCOE, M.D., Lecturer Adjunct to the Professor of Surgery.
GEORGE T. ELLIOT, M.D., Lecturer Adjunct to the Professor of Obstetrics.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Fall Course for 1860 will commence on Monday, September 24th, and continue until October 22d. This Course free to the Matriculated Students of the College.

The Regular Session for 1860-61 will commence on Monday, the 22d of October, 1860, and will continue till the middle of March following.

Fees for a full Course of Lectures \$105. Graduation Fee, \$25. Demonstrator's Fee, \$5. Matriculation Fee, \$5.

JOHN C. DALTON, JR., M.D., Secretary of the Faculty.

University of New York, Medical

Department. Session, 1860-61.

The Session for '60-61 will begin on Monday, October 15, and will be continued until the 1st of March.

FACULTY OF MEDICINE.

Rev. ISAAC FERRIS, D.D., LL.D., Chancellor of the University.
VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.
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JOHN W. DEAPIER, M.D., LL.D., Professor of Chemistry and Physiology, President of the Faculty.
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Geneva Medical College.—The Session

of 1860-61 will begin on Wednesday, the 3d day of October, 1860, and continue sixteen weeks.

Faculty.

JOHN TOWLER, M.D.,
Dean and Registrar.
JAMES HADLEY, M.D.,
Emeritus Prof. of Chemistry and Pharmacy.
JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.
FREDERICK HYDE, M.D., Prof. of Principles and Practice of Surgery.
GEORGE BURR, M.D., Prof. of General and Special Anatomy.
CALEB GREEN, M.D., Prof. of Physiology and Pathology.
HIRAM N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.
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Fees, Payable in advance.—Matriculation (payable once), \$8. Tickets for the whole Course, \$32. Graduation, \$20. Demonstrator's ticket, \$3. Anatomical Material, \$5.

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Eleventh Session—1860-61.

FACULTY.

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D. MEEDITH REESE, M.D., LL.D., Professor of Theory and Practice of Medicine and Medical Jurisprudence.
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CHAS. A. BUDD, M.D., Professor of Principles and Practice of Midwifery.
A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.
BEN L. BUDD, M.D., Professor of Toxicology.
*** The Professorships of Physiology, of Materia Medica, and of Clinical Medicine will be filled in time for the opening of the Session.
FOWLER PRENTICE, M.D., Demonstrator of Anatomy.
THOS. H. WHITNEY, M.D., Assistant Demonstrator of Anatomy.
JAMES H. BRUSH, M.D., Prosecutor to the Professor of Surgery.
SIMEON ABRAHAM, M.D., Assistant to the Professor of Surgery.
A. W. WILKINSON, Assist. to the Professors of Chemistry and Toxicology.

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Sept. 18, 1860